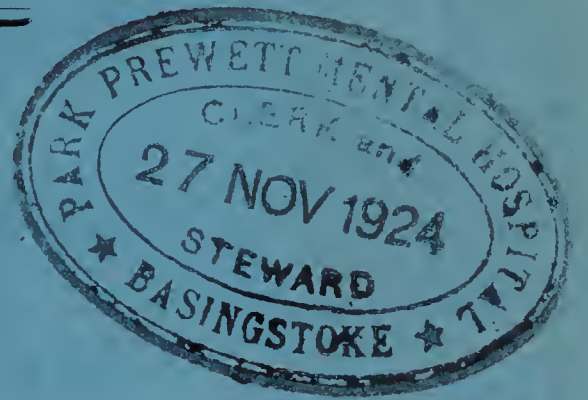


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LUNACY AND MENTAL DEFICIENCY.



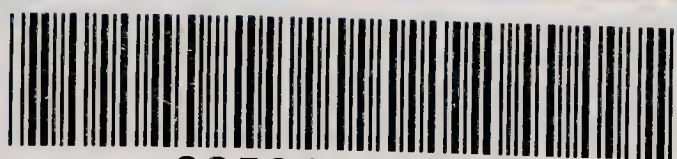
THE
TENTH ANNUAL REPORT
OF THE
BOARD OF CONTROL
For the Year 1923.

(Presented pursuant to Act of Parliament.)

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THE
TENTH ANNUAL REPORT
OF
THE BOARD OF CONTROL,
1924.

(FOR THE YEAR 1923.)

Introduction.

During the year we have given much consideration to the question of providing further accommodation in mental hospitals.

In consequence of the financial conditions prevailing throughout the country during the last few years, local authorities have been compelled to limit their new expenditure in every possible direction, and the growth of accommodation has not kept pace with the needs.

On January 1st, 1923, the total number of vacant beds in all county and borough mental hospitals was 8,633. The average yearly net increase of patients for the three years 1920-22 was 3,482.

On January 1st, 1924, the vacant bed space was only sufficient for 4,754 patients, and the average yearly net increase of patients for the four years 1920-23 was 3,565. The greater net increase for last year has been almost entirely due to the improved health of the patients.*

Only a few schemes are in hand, by which a comparatively small number of additional beds will become available, and it is clear that the needs of the country as a whole render it essential that the provision of further accommodation in the near future must be considered.

In some ways a certain amount of the existing accommodation may be set free for new patients and these should be fully explored.

In the present circumstances it may be practicable, subject always to suitability of accommodation and the presence of an

* See p. 8—"Numbers remaining under Care."

adequate nursing staff, to make a fuller use of the provision of Section 25 of the Lunacy Act, 1890, under which patients may be sent from Mental Hospitals to Poor Law Institutions; and of Section 26 which authorises contracts with Boards of Guardians for the reception of patients in these institutions.

Moreover, as far as practicable, the powers of Sections 55 and 57 of the Act, which allow absence on trial and boarding out, should be freely exercised. The use of these powers is greatly facilitated by the payment of allowances for the maintenance of patients.

In some institutions more nurses sleep in the hospital itself than are necessary for the proper conduct of the institution, and, in the interest of the nurses as well as for the purpose of providing further accommodation for patients, it would be a great advantage to provide increased "Nurses' Home" accommodation within the hospital grounds, or perhaps in hostels outside the grounds.

In many hospitals there are some patients who could more properly be dealt with in institutions for mental defectives, but the amount of accommodation available for defectives is too limited to permit of their transfer, and for present purposes the relief which would be afforded, could such patients be transferred, can hardly be taken into account.

Having regard to the continued importance of restricting capital expenditure within the narrowest limits, the fullest use should be made of any proper methods by which some of the existing accommodation may be set free for new patients. But, notwithstanding every effort in this direction, it seems to be necessary to face the question of providing new accommodation.

We are satisfied that Visiting Committees will be anxious to co-operate in meeting the needs of the country without undue expenditure. Where new construction is inevitable, surplus accommodation could be used by other Visiting Committees under contract until it is needed by the Authority providing it.

At a considerable number of the existing institutions there is no separate admission hospital, nor any detached villas for convalescing patients and for others who are sufficiently trustworthy to enable them to be housed in detached buildings administered upon the open-door principle. Were these deficiencies made good, some of the existing accommodation at these hospitals could be set free for the needs of either the locality concerned or neighbouring areas.

As to the size of new institutions, Visiting Committees will be aware of the recommendation in the Report of the Departmental Committee presided over by Sir Cyril Cobb. This recommendation was based on a good deal of evidence, but its application to individual cases must of course be considered with reference to the situation existing in such cases, account being taken of financial, administrative and other relevant considerations.

Notwithstanding many difficulties, we are glad to observe that the year was marked by a considerable growth of the scientific spirit in dealing with the insane. Research work in many directions has been undertaken and Visiting Committees and their staffs have increasingly come to recognise the vital importance of providing at our mental hospitals not only the equipment required for modern methods of diagnosis and treatment, but also the expert staff necessary to use such equipment. We have no doubt that in making provision for new institutions or for the extension of existing hospitals, this spirit will still prevail and that Visiting Committees will be careful to see that the buildings are so designed as to allow of proper classification and the best treatment of the patients as well as the provision of proper quarters for the nurses and staffs.

The proposals contained in the Mental Treatment Bill, which was passed last year by the House of Lords but had subsequently to be abandoned, have naturally been receiving much attention. We find a general concensus of opinion in favour of allowing early cases of mental disorder to be received for treatment for a period without certification, under proper safeguards, and of extending to public Mental Hospitals the power to receive Voluntary Boarders.

Lunacy.

On the 1st January 1924 the number of notified insane persons under care in England and Wales was 130,334, an increase of 4,055 on the number on the 1st January 1923. This increase is the largest we have ever recorded, and may be compared with increases of 2,565 in 1922, of 3,370 in 1921, and of 3,580 in 1920; but it by no means necessarily connotes any increase in the incidence of insanity among the general population—a matter to which we shall advert more fully in a future Report.

The relative percentage distribution of the sexes—males 43·9; females 56·1—shows a further slight reversion towards the proportions which obtained immediately prior to the war, viz., males, 46·2; females, 53·8.

STATUS AND DISTRIBUTION.

Classification of Insane Patients.—All notified insane persons fall under one of three categories, viz., “private,” “pauper” (or, as we prefer to call them, “rate-aided”), and “criminal.” A so-called “pauper” patient is one for whose maintenance the charges are defrayed, either wholly or in part, out of the rates. Many hitherto so classed are not, strictly speaking, paupers in the generally accepted sense, for a certain number of them are actually maintained by relatives, who refund to the Poor Law Guardians the whole cost of maintenance; but it is only when payment is made direct to the Visiting Committee and usually when to the cost of maintenance some additional sum is added

to cover capital charges that such patients are classified as "private." It will thus be seen that the use of the word "pauper" in our statistics is apt to be misleading, and in what follows we have substituted the word "rate-aided."

Private patients on the 1st January 1924 numbered 14,256 (males, 8,143; females, 6,113,) an increase of 280 males and 89 females. The increase in the male patients was very largely due to an increase in the number of "Service" patients to 4,775 from 4,532 a year previously. Excluding "Service" patients, the male private patients increased in number during the year by 37 only.

The patients in the Naval and Military Hospitals (Yarmouth 155, Netley 16), are included among the private patients, as also are the 93 persons found insane by inquisition who were resident in institutions. There were in addition 132 cases (males 68, females 64) so found by inquisition who, not being resident in institutions, are not notified to us, and so do not fall within the scope of our statistics.

The percentage sex distribution of the private patients was 57.1 males : 42.9 females; but, if the "Service" patients are excluded, the proportions become 35.5 males : 64.5 females.

Rate-aided patients on the 1st January 1924, numbered 115,184 (males 48,341, females 66,843) or 88.4 per cent. of all the notified insane. They had increased in number by 3,687 during the preceding year, the whole of this increase, with the exception of an increase of 100 patients in Poor Law institutions, taking place in County and Borough mental hospitals.

The percentage sex distribution was, males 42.0 : females 58.0, or, if the "Service" patients are included, males 44.3 : females 55.7.

Criminal patients on the same date numbered 894 (males 686, females 208), the males having increased by six and the females decreased by seven during the year.

Transfers from Class to Class.—During 1923, 241 private patients were transferred to the rate-aided class; 1,504 rate-aided patients to the private class, and 58 criminal patients were retained and classified as rate-aided patients on the expiry of their sentence or on their discharge as criminals.

Distribution of Notified Insane Patients.—Notified insane patients are distributed, as regards form of care and treatment, under nine heads. These are set out in the subjoined Table, which also shows the distribution of patients expressed in percentages of the total number under care on the 1st of January 1924 and corresponding percentages at preceding ten-year intervals. In interpreting these proportions, especially as respects the persistent increase in the percentage of patients under treatment in County and Borough mental hospitals in relation to the diminishing percentages under each of the eight other heads, regard must be had to the facts that these hospitals, of

SUMMARY OF INSANE PATIENTS, 1st January 1924.

WHERE MAINTAINED on 1st January 1924.	PRIVATE.			RATE-AIDED.			CRIMINAL.			TOTAL.						
	Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.				
In County and Borough Mental Hospitals	5,937	2,795	8,732	39,867	55,182	95,049	93	18	111	45,897	57,995	103,892				
In Registered Hospitals - - -	885	1,254	2,139	—	—	—	—	—	—	885	1,254	2,139				
In Licensed Houses:—																
Metropolitan - - -	418	769	1,187	—	—	—	—	—	—	418	769	1,187				
Provincial - - -	613	997	1,610	—	—	—	—	—	—	613	997	1,610				
In Naval and Military Hospitals - - -	171	—	171	—	—	—	—	—	—	171	—	171				
In Criminal Lunatic Asylum - - -	—	—	—	2	—	2	593	190	783	595	190	785				
In Poor Law Institutions:—																
Ordinary Poor Law Institutions - - -	—	—	—	4,775	6,548	11,323	—	—	—	4,775	6,548	11,323				
Metropolitan District Asylums - - -	—	—	—	2,390	2,876	5,266	—	—	—	2,390	2,876	5,266				
In Private Single Care - - -	119	298	417	—	—	—	—	—	—	119	298	417				
In Outdoor Relief - - -	—	—	—	1,307	2,237	3,544	—	—	—	1,307	2,237	3,544				
TOTAL - - -	8,143	6,113	14,256	48,341	66,843	115,184	686	208	894	57,170	73,164	130,334				
Increase during 1923 - - -	Males.		Females.		Total.		Average Annual Decrease in the ten years 1914-1924			Males.						
	280		89		369					Females.						
	1,618		2,069		3,687					432*						
	6		7†		1†					1,075						
{ Private Rate-aided Criminal Total -							{ Private Rate-aided Criminal Total -			{ 9* 111 7 109						
										441* 1,186 27 772						

† Decrease during 1923.

* Average Annual Increase.

which there are now 96*, increase either in number or in beds according to the needs of the areas they serve; that they can and most of them do receive patients of the private class as well as the rate-aided cases for which they are primarily intended; that the Registered Hospitals have for many years remained stationary in number (13)†; that since 1890, while a licence can be transferred within the same jurisdiction to another owner, no new licence can be granted; and that in consequence of this restriction the number of Licensed Houses has diminished from 89 to 56 (Metropolitan 19 and Provincial 37).

Expressed in actual numbers, the principal changes in distribution during the year 1923 were—increases of 3,813 patients (males 1,613, females 2,200) in the County and Borough mental hospitals, as against one of 2,719 in the preceding year, 191 in Licensed Houses, 41 in Metropolitan District Asylums and 59 in other Poor Law Institutions; and a decrease of 34 in Registered Hospitals. This last change, in so far as it reflects an inability of educated persons of slender means to afford the charges at these hospitals and a necessity to have recourse to aid from the rates, is to be deplored and indicates a direction in which generously disposed members of the public might bestow timely and valuable assistance, either by donations or annual subscriptions.

Table showing Distribution expressed as a proportion per cent. of total number of notified Insane under care.

	1889.	1899.	1909.	1919.	1924.
1. In County and Borough Mental Hospitals.	62·5	69·5	75·7	76·4	79·7
2. In Registered Hospitals - -	2·7	2·4	2·0	2·1	1·7
3. In Licensed Houses - -	4·8	4·1	2·3	2·9	2·2
4. In Naval and Military Hospitals	0·4	0·3	0·1	0·2	0·1
5. In State Criminal Asylums -	0·7	0·6	0·7	0·7	0·6
6. In Metropolitan District Asylums	6·7	5·8	5·5	4·7	4·0
7. In other Poor Law Institutions	14·5	11·1	9·0	9·1	8·7
8. In Single-Care - - -	0·5	0·4	0·4	0·4	0·3
9. In Outdoor Relief - - -	7·2	5·8	4·3	3·5	2·7

MOVEMENT OF PATIENTS.

Admissions, Discharges, Transfers to other Care, and Deaths in 1923.—In the absence of corresponding notification of the cases of insane persons in all Poor Law Institutions and in receipt of outdoor relief, statistical information under this head is necessarily limited to patients in the institutions comprised

* Not including the Maudsley Hospital for voluntary patients only.

† Not including St. Luke's Hospital, temporarily closed.

under the first five of the forms of care tabulated above and to patients in single care.

The subjoined tabular statement refers only to certified patients and omits reference to voluntary boarders of whom at the close of the year there were 510.*

Resident on 1st January	-	-	-	-	106,247
Direct admissions	-	-	-	-	23,054
Indirect admissions	-	-	-	-	3,177
					<hr/>
					132,478
					<hr/>
Discharged :—					
Recovered	-	-	-	-	7,295
Relieved	-	-	-	-	2,823
Not improved	-	-	-	-	515
† By operation of law	-	-	-	-	99
‡ Not insane	-	-	-	-	30
Transferred (under order) to other care	-	-	-	-	3,160
Died	-	-	-	-	8,355
Remained at end of year	-	-	-	-	110,201
					<hr/>
					132,478
					<hr/>

The *daily average number resident* increased from 104,417 (males 46,120, females 58,297) in 1922 to 108,304 (males 47,852, females 60,452) in 1923—the proportion in County and Borough mental hospitals being 94·2 per cent. in each year.

Direct admissions were 23,054 (males 10,310, females 12,744), of which 92·7 per cent. were admitted into County and Borough mental hospitals. While this number was 986 above the average annual number for the decennium 1914–23, it was 71, or 0·3 per cent., less than in 1922. The ratio of admissions to the population shows only small variations in recent years, it having remained comparatively stationary at about 6 per 10,000 for each of the last three years.

First admissions during 1923 numbered 18,934 (males 8,679, females 10,255), or 82·1 per cent. of all the direct admissions.

Discharges—that is, persons discharged from reception orders and permitted to return to the community as recovered, relieved or not improved—numbered 10,633 (males 4,305, females 6,328).

* Including 138 at the Maudsley Hospital, where all the patients are upon a voluntary footing.

† Either by reason of irregular admission documents or lapsing of reception orders (S. 38, Lunacy Act, 1890).

‡ The term “not insane” merely implies that the patient in question had not shown evidence of insanity while under observation at the institution from which the discharge took place; it does not imply that the original medical certificates and order were wrongly made.

Of these, 7,295 were discharged as *recovered*, yielding a *recovery rate*, calculated upon the direct admissions, of 31·64 per cent. (28·69 for males, 34·03 for females), that for males being 1·01 above, and that for females 1·37 below, the corresponding rates for the decade 1914–23. The discharges as *relieved* and as *not improved* numbered respectively 2,823 and 515; and, if these and the 30 discharged as not insane are added to the recoveries, it shows that the *absolute* discharges from reception orders during the year were 46·25 per cent. of the direct admissions.

Deaths numbered 8,355 (males, 4,154, females 4,201), being 1,036 less than in the preceding year. The *death rate* was extremely low, being 7·71 per cent. of the daily average number resident, or 1·28 per cent. below that for 1922, and 0·66 below that for 1921, which was the lowest we had ever recorded up to that time. The rate for males was 8·68 per cent., and that for females 6·95.

Transfers to other Care, &c.—During the year there were transferred (under order) from one institution for the insane to another, or to single care or *vice versa*, some 3,160 patients, which, with a few additional indirect admissions following discharge by operation of law, gave rise to 3,177 technically termed indirect admissions.

Numbers remaining under care.—The number (110,201) in the foregoing table is the residue after adding to the number at the beginning of the year the direct admissions and deducting the deaths and the total discharges. It represents an increase of 3,954 patients for the year. In considering this increase, regard should be had to the fact that the deaths during 1923 were actually 11,160 fewer in number than in 1918, a year of exceptional mortality both in institutions for the insane and in the general population; and 3,900 fewer than the yearly average for the decennium 1914–23. From this it is obvious that the low mortality rate during 1923 exercised a preponderating influence in the accumulation of cases during the year.

COUNTY AND BOROUGH MENTAL HOSPITALS.

1. General Condition and Progress.

Classification.—The classification of the patients in these hospitals is generally improving. Conditions vary in different institutions built at various times under diverse views of the structural requirements of a Mental Hospital. It is not, however, too much to say that the desirability of separating recent cases of mental disorder from those of long standing is now more than ever recognised. To enable this to be done, many Visiting Committees are contemplating the erection of suitably planned and well equipped Admission Hospitals and detached Convalescent

Villas. The main difficulty has been the financial stringency; but, even without the provision of new buildings, efforts are being made to improve the internal conditions by better arrangements and by the provision of means for special treatment and of verandahs to enable patients to be nursed in the open air. Better efforts are also being made to segregate patients known to be suffering from tuberculosis and from dysentery. The suggestions made in our Circular of 15th January, 1919, relating to the handling and treatment of foul linen, have been productive of good results.

Dietaries.—The dietaries have everywhere been receiving close attention and are much improved. We hope that the report of the Departmental Committee appointed to enquire into this subject which has just been published* will be found helpful.

Personal Hygiene.—Much greater care is now taken to inculcate general cleanliness, including the washing of hands before meals and on other necessary occasions; and especially are these measures insisted upon in the case of patients in any way engaged in the preparation of food.

Dental and other Visiting Specialists.—Most Mental Hospitals are now visited weekly by a Dentist; and, while there is room for extended efforts in this direction, patients are encouraged to pay proper attention to their teeth. The appointment of dental surgeons should be regarded as but a preliminary step towards the institution of a staff of Visiting Specialists—a practice which we strongly advocate and which already obtains in some instances.

General Amenities and Parole.—We are glad also to be able to chronicle a considerable extension of the general amenities of the patients, largely, we think, due to the discussion of many of these matters at the conference held in London under our auspices in January, 1922, and fully dealt with in the published report of the proceedings. Even if, unfortunately, there are many patients in Mental Hospitals for whom—until research has thrown more light upon the causation of their disorder—little except custodial care is possible, it is nevertheless of vital importance that everything should be done to make the lives of all patients as happy as they can be under the circumstances. One of the most important points is to convince the more sensible patients that their detention is not necessarily permanent, but that they will be discharged as soon as they can show sufficient self-control to justify their freedom. It is in this connection that leave of absence on trial is so important, a fact which appears now to be generally recognized. The marked extension of parole both outside and within the grounds, the running of some of the wards on both sides on the open-door system, allowing well behaved patients who desire to do so to stay up beyond the ordinary time for going to bed, and other privileges, small perhaps in themselves, but which indicate

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trust and confidence, give real encouragement to many patients and enable them to look forward with hope to the time of their discharge.

Clothing.—We think that it is desirable to allow patients, who wish to do so and whose friends can afford to supply it, to wear their own clothing. It is sometimes said that the clothing supplied in Mental Hospitals, although generally of excellent quality, is too institutional in character, of too old-fashioned cut and insufficiently well fitted. We note with pleasure that in many Mental Hospitals the women are now able to exercise some choice as to the style and pattern of their dresses. All female patients have night-gowns and the practice of supplying nightshirts to the men is now fairly general.

Objects of Interest and Amusement.—The wards are generally well supplied with papers, books, games and other objects to interest and amuse their occupants; but in some of them there is a deficiency, and it not infrequently appears to us that the older institutions are in these matters the better supplied—perhaps because they have had longer time in which to accumulate them. We should like to see provision for more games in the ward gardens and airing courts, where the patients too often look unoccupied and solitary. Cinematograph and wireless installations have, of late years, been largely introduced and are extremely popular with the patients of both sexes. In several institutions the excellent practice prevails of sending patients for outside trips in motors and charabancs, which are much appreciated.

Occupational Treatment.—The organization of occupations in most of the hospitals is not altogether satisfactory. In the annual returns made to us on this subject, the large number of patients of both sexes whose only employment is ward work is noteworthy. There are many who, under a better organized system, might be supplied with useful and congenial occupation in other directions, such as weaving and the making of rugs, baskets, brushes, &c., and greater effort might be made to induce, as is done at a few places, women patients to employ themselves at garden work and poultry keeping. Generally, there are well-equipped shops, but the number of patients employed in them is often too small. We attach so much importance to occupation as a curative agent and as a means of promoting the contentment and well-being of the patients that we should like to see the organization of industries placed upon a better footing, possibly by the appointment of an Occupation Officer on each side with experience of industrial work. This is already being tried with success in a few institutions.

There can, however, be no doubt that the granting of fuller liberty, coupled with the improvement of the dietaries, has done much to increase the general contentment of the patients in County and Borough Mental Hospitals.

A list of these institutions, with the names of the Medical Superintendent and of the Clerk to the Visiting Committee of each one, is given in Appendix G., page 354.

2. *Admissions, Discharges and Deaths.*

On the 1st January 1924 the County and Borough Mental Hospitals contained 103,892 patients, classified as follows:—

—	Males.	Females.	Total.
Private - - - - -	5,937	2,795	8,732
Rate-aided - - - - -	39,867	55,182	95,049
Criminal - - - - -	93	18	111
Total - - - - -	45,897	57,995	103,892

During the year there was a net increase of 3,813 in the number of patients resident.

Admissions.—During 1923 there were 21,375 “direct” admissions, as shown below:—

—	Males.	Females.	Total.
Total admissions in 1923 - - -	10,676	13,218	23,894
Deduct transfers from other Institutions, and re-admissions on fresh reception orders to replace lapsed orders - - - - -	1,118	1,401	2,519
Number of direct admissions - - -	9,558	11,817	21,375

The direct admissions in 1923, while they were 1,413 (214 males and 1,199 females) more than the average of the 10 preceding years, were only three more in number than those of the previous year.

Of these direct admissions, 17·8 per cent. had been previously discharged from reception orders.

Discharges and Transfers.—The discharges and transfers during the year numbered 12,217, of whom were:—

—	Males.	Females.	Total.
Discharged—			
Recovered - - - - -	2,664	3,980	6,644
Not improved - - - - -	968	1,570	2,538
Relieved - - - - -	218	185	403
By operation of law - - - - -	46	42	88
Transferred to other institutions for the insane or to single care - - -	1,235	1,309	2,544
Total - - - - -	5,131	7,086	12,217

The above figures show that the percentage of discharges (recovered, relieved and not improved) to admissions was 44·8,

while the percentage of recoveries alone was 31·1 as compared with an average percentage of 31·4 for the preceding 10 years. There was a marked difference in the percentage of recoveries in the County and the Borough mental hospitals, viz., 29·9 and 37·8 respectively.

Deaths.—During the year, 7,864 patients (3,932 males, and 3,932 females) died.

The proportion per cent. of deaths to the daily average number resident was 7·7, namely, 8·7 males and 6·9 females. This was the lowest rate ever recorded, the previous lowest having been 8·4 per cent. in 1921. It is worthy of note that no fewer than 13 per cent. of the deaths took place within one month of admission, and, if these are excluded, the death rate for the year would be reduced to 6·7 per cent.

The number of post-mortem examinations was 5,231, being 66·5 per cent. of the total number of deaths.

Service patients.—The number in this class of institution increased during the year by 91; at the end of the year they numbered 4,623.

3. Changes among the Medical Superintendents.

Lincolnshire (Kesteven).

Dr. John A. Ewan, who, at the opening of this Institution in April, 1896, was appointed as its first Medical Superintendent, and has therefore been intimately identified with its organization and development, retired upon a pension in January, 1923. He has been succeeded by his deputy, Dr. I. Ross MacPhail (L.R.C.P. & S. Edin., L.R.F.P.S. Glasg.), who had had previous experience at Morningside, Sunderland and Dorset Mental Hospitals, and we wish him all success.

Mid-Wales (Talgarth).

Dr. Robert Pugh—who, after several years experience at the Birmingham and County of London Mental Hospitals, was appointed Medical Superintendent at Talgarth some two years after its opening—died in April, 1923. During the 18½ years he had held this post he had been known to us as a most capable and kindly administrator, who always had closely at heart the best interests of his patients. The vacancy thus created was filled by the promotion of Dr. Peter Drummond (M.B., Ch.B., Glasg.), who was originally appointed to the medical staff in 1913, and had served as Captain in the R.A.M.C. during the war.

County Palatine of Lancashire (Prestwich and Winwick).

Dr. Frank Perceval, who had been Medical Superintendent at Prestwich for nearly 22 years and who, having occupied a similar

position in the County at Whittingham, had thus borne much responsibility and strain for the long period of 29 years, retired at the end of last September.

Dr. Alexander Simpson, C.B.E., who on the opening in January, 1901, of the Winwick Mental Hospital, was appointed as its first Medical Superintendent, relinquished his post at the end of 1923. He was a successful organizer, not only of the Mental Hospital, but also when the institution was, during the war, used as the Lord Derby War Hospital.

To fill these two vacancies the Lancashire Mental Hospitals Board have appointed the respective Deputy Superintendents—namely, Dr. David Orr (M.D. Edin.) at Prestwich, and Dr. Frederick M. Rodgers (O.B.E., M.D. Manch., D.P.H.) at Winwick. Dr. Orr's scientific work is well known; and we have confidence that, in his new duties and in his capacity as Lecturer in Mental Disorders at Manchester University, he will be zealous in co-ordinating the work of the hospital with that of the neighbouring Medical School and in maintaining a high standard of medical efficiency. Dr. Rodgers, who had had previous general hospital experience, is also known to us alike for the efficiency of his work and for the good service he rendered as Registrar at Winwick during the time it was a War Hospital.

Brighton (Haywards Heath).

Dr. Charles Planck found it necessary, in consequence of ill-health, to relinquish last August his post as Medical Superintendent—a position he had held for 13 out of the nearly 29 years during which he was a member of the medical staff of this hospital. Throughout this long period he had devoted all his energies, in a very single-minded way, to the duties of his post. It is our hope that he will be restored to better health and to the enjoyment of many years rest from official duties. As his successor, the Visiting Committee have appointed the Deputy Superintendent, Dr. George H. Harper-Smith (M.A., M.D., Cantab., M.R.C.S., L.R.C.P., Lond.), who had also had previous experience at Claybury Mental Hospital. From our knowledge of his work and of his contributions to medical literature, we feel sure he will both bring a progressive spirit into his duties and administer the institution with ability.

Warwick (Hatton).

By the lamented death of Dr. Alfred Miller, which occurred early last December, both the County, and especially its Mental Hospital, lost a highly-valued official. For 34½ years, and with much ability, he had occupied the post of Medical Superintendent of this hospital; and held, as he was, in peculiarly affectionate regard not only by his patients, whose welfare was so constantly his aim, but by all who knew him, his loss will be severely felt.

Our Board have always recognized, too, the value of Dr. Miller's efforts on behalf of the nursing staff in general of mental hospitals, and are aware that much of his leisure was absorbed in voluntary work during the past 20 years as Registrar of the Medico-Psychological Association. To succeed him, the Visiting Committee have appointed Dr. Archibald T. W. Forrester (M.D., B.S. Lond., M.R.C.S., L.R.C.P.), who had for 13 years been Deputy Superintendent at Narborough (Leicester and Rutland) and who, besides general hospital experience, had been a member of the Winwick Mental Hospital medical staff.

4. The Staffordshire Asylums Act, 1922.

This Act, which came into operation on the 1st of April 1923, follows the precedents of the Lancashire Act of 1891 and the West Riding of Yorkshire Act, 1912. The Act constitutes a Mental Hospitals Board for the County of Stafford, consisting of 29 representatives of the County and 27 representatives of the County Boroughs in the County, namely, Burton-on-Trent, Smethwick, Stoke-on-Trent, Walsall, West Bromwich, and Wolverhampton. To this Board the three Mental Hospitals in the County, namely, Stafford, Burntwood and Cheddleton, are transferred, together with all rights, powers, duties, obligations and liabilities of the County and County Borough Councils as the Local Authorities under the Lunacy Acts, 1890 and 1891, and the Asylums Officers' Superannuation Act, 1909, and of the then existing Visiting Committee, subject to the provisions of the Act.

The Board are to appoint out of their own body, for each of the Mental Hospitals, or, if they think fit, for any two or more of them, Visiting Committees of not less than seven members.

The Minister of Health has power under the Act, on the application of the Councils, to constitute the Board a Local Authority for the purposes of the Mental Deficiency Act, 1913, and may transfer to the Board all or any of the powers which the Councils respectively possess under or by virtue of the Mental Deficiency Act.

5. Isolation Hospitals.

For some years past it has been the practice of this Board to press on Visiting Committees the necessity of providing small isolation hospitals for infectious cases, quite apart from the main building of the institution. It was intended that these hospitals, which were limited to three beds for each sex, should always be kept equipped and ready for immediate use, and that they should not ordinarily be occupied by patients or by staff, other

than caretakers. Whilst in some cases these intentions have been fully carried out, in others the hospitals have either been occupied by patients or staff or have not been equipped, and therefore could not be brought into immediate use. The views of Medical Superintendents as to the need or utility of such small buildings vary considerably, and, though some speak highly of them, others would prefer larger buildings which could be used for isolation when necessary, but ordinarily would be used as villa residences. After careful consideration of the whole question we have come to the conclusion that we should not in future insist on the provision of small isolation hospitals if other facilities for isolation exist. We are the more ready to make this decision because the provision of villa residences in Mental Hospitals—for which there is a growing demand and which are steadily increasing in number—greatly improves the possibility of classification and also provides means of complete isolation should any emergency arise.

6. Finance.

The total expenditure on the upkeep of the County and Borough Mental Hospitals in England and Wales, and on the maintenance, supervision and treatment of the patients in them during the financial year ended 31st March 1923, amounted to £6,966,153, made up as follows:—

	£
Maintenance - - - -	6,300,890
Buildings and repairs - - -	648,508
Land purchased - - - -	9,773
Land rented - - - -	6,982
	<hr/>
	£6,966,153
	<hr/>

The above figures, details of which will be found in Appendix A., Table II, do not include any expenditure on new institutions as yet unoccupied.

Compared with the figures of the preceding financial year, there was a decrease of £606,977 in the amount expended on maintenance and of £87,110 in the cost of building and repairs. There was, however, an increase of £680 in the outlay on land and of £737 in the amount paid for land rented, making a total net decrease of £692,670.

Average Weekly Cost.—The average weekly cost of maintenance, excluding the cost of repairs, additions and alterations was as follows:—

	s.	d.
In County Mental Hospitals - -	22	10 $\frac{3}{4}$
In Borough Mental Hospitals -	26	3 $\frac{3}{4}$
In both taken together - -	23	9 $\frac{1}{4}$

The items making up the average weekly cost for the last two financial years are contrasted in the following table :—

DETAILS OF THE AVERAGE WEEKLY COST.	County Mental Hospitals.		Borough Mental Hospitals.	
	1921-22.		1922-23.	
	s. d.	s. d.	s. d.	s. d.
*Provisions not supplied from Institution garden and farm, but procured from outside the Institution (including malt liquor in ordinary diet) - - - - -	5 2 ⁵ / ₈	4 6 ⁵ / ₈	5 8 ¹ / ₈	4 11 ¹ / ₈
Clothing of patients and attendants - -	1 6 ¹ / ₄	1 3 ⁷ / ₈	1 5 ¹ / ₄	1 4 ¹ / ₄
Salaries and wages (excluding deductions for board, lodging, and washing, and deductions under the Asylums Officers' Superannuation Act, 1909) - - - - -	10 11 ³ / ₄	9 11 ¹ / ₈	12 1 ¹ / ₈	11 1 ⁵ / ₈
Pensions, gratuities, &c. (charged to maintenance account) - - - - -	0 4 ⁷ / ₈	0 5 ³ / ₄	0 3 ⁷ / ₈	0 4 ¹ / ₂
Necessaries (e.g., fuel, light, washing, &c.) -	3 4 ⁷ / ₈	2 8 ³ / ₈	4 1 ⁵ / ₈	3 4
Surgery and dispensary - - - - -	0 2	0 2	0 2 ⁵ / ₈	0 2 ³ / ₄
Malt liquor, wine and spirits (not included in ordinary diet) - - - - -	0 0 ¹ / ₄	0 0 ¹ / ₈	0 0 ¹ / ₈	0 0 ¹ / ₈
Furniture and bedding - - - - -	0 11	0 10 ³ / ₄	1 1 ³ / ₄	0 11 ¹ / ₈
*Garden and farm - - - - -	2 0 ¹ / ₂	1 8 ³ / ₄	3 2 ¹ / ₄	2 8 ¹ / ₄
Miscellaneous - - - - -	2 3 ¹ / ₈	2 0 ¹ / ₈	2 10 ¹ / ₈	2 7 ¹ / ₂
	26 11 ¹ / ₄	23 9 ¹ / ₂	31 0 ⁷ / ₈	27 7 ¹ / ₄
Less Moneys received for articles, goods, and produce sold (exclusive of those consumed in the Institution) - - - - -	0 10 ¹ / ₄	0 10 ³ / ₄	1 6 ¹ / ₂	1 3 ¹ / ₂
NET TOTAL average weekly cost } per head - - - - -	26 1	22 10 ³ / ₄	29 6 ³ / ₈	26 3 ³ / ₄

In making comparisons between County and Borough Mental Hospitals, it should be borne in mind that the former are on the average twice the size of the latter.

The average weekly cost per head for all institutions showed a decrease of 3s. 2⁵/₈d., or nearly 12 per cent., on the previous year, reflecting the general decrease in the cost of living throughout the country during the period under review.

Decreases on the preceding year were shown in nearly all the items of expenditure, the most noticeable being in "Provisions" and "Garden and Farm," which together fell by 11³/₄d. in County Mental Hospitals and by 1s. 3d. in Borough Mental Hospitals; and in "Salaries and Wages," the cost of which, as was to be expected, in view of the fall in bonuses based on the cost of living, showed substantial decreases in both classes of institution.

We have included the above table in the form which has been adopted for many years, but it does not show the total value of

* With respect to "Provisions," it is to be observed that the cost under this head does not include the value of the farm and garden produce—often very considerable in amount— which is supplied to the patients; nor can this value be estimated from the sums shown under "Garden and Farm," as these represent merely the net cost of their working.

the provisions which are actually consumed in the Institution, as it does not include the value of provisions grown on the farms and gardens. The value of these is frequently considerable.

Pensions.—During the year the average weekly cost per head of “Pensions, gratuities, etc.” in all County and Borough Mental Hospitals was 7d. Of this sum, 5 $\frac{3}{4}$ d. was charged to the Maintenance account and the remainder to the Building and Repairs account. In considering the cost of pensions, it should be noted that there was also paid direct by County and Borough Councils a total sum of £22,562, for pensions granted under the Lunacy Acts of 1890 and previous years—which do not appear as a charge on the accounts of the several Visiting Committees; this amount should, however, be included to show the total cost of pensions, which then comes out at 8 $\frac{1}{8}$ d. per head per week.

7. *Additions, Alterations and Improvements.*

The following are among the more important works at County and Borough Mental Hospitals which have had statutory approval during the past year:—

Three Counties.—Block for female dysenteric and tuberculous cases; estimated cost, £1,299.

Cheshire, Parkside.—Verandahs and alterations at male and female admission wards; estimated cost, £1,492.

Cheshire, Upton.—Offices for administrative staff; estimated cost, £1,693.

Devon.—Provision of operating theatre at an estimated cost of £700.

Essex, Brentwood.—Bath house, laboratory, verandahs, operating theatre, &c.; estimated cost, £4,405.

Lancashire, Rainhill.—Verandahs and alterations to Ward 18 at Annex so as to provide better facilities for newly-admitted cases; estimated cost, £1,000.

Lancashire, Whittingham.—Conversion of parsonage into two residences for Assistant Medical Officer and Steward; estimated cost, £1,000.

Yorks, East Riding.—Verandahs for male and female tuberculous wards; estimated cost, £1,050.

Yorks, West Riding, Wakefield.—Remodelling of laundry; estimated cost, £1,490.

Birmingham, Rubery Hill.—Additions (Day Rooms, &c.); estimated cost, £34,000. Residence for deputy Medical Superintendent; estimated cost, £2,500. Three bungalow villas, each for 40 patients; estimated cost, £27,000.

Nottingham City.—Building works for new heating installation; estimated cost, £1,650.

Staff Accommodation.—Additional accommodation for the nursing and artisan staffs has been provided at the following hospitals, either by the purchase or erection of cottages or by extension of existing buildings: Hants (Park Prewett), Leicester and Rutland, Somerset (Cotford), Staffs. (Burntwood), Surrey (Brookwood and Netherne); and a new mess room has been provided for the staff at the City of London Mental Hospital.

Farm Buildings.—Additions were made to the farm buildings at Essex (Severalls) Mental Hospital, at an estimated cost of £1,728.

Purchase of Land.—Additional land has been purchased for the following hospitals: North Wales Counties, Hereford, Northumberland, and Birmingham (Rubery Hill).

8. *Suicides and some other fatal Casualties.*

The number of certified patients who met their deaths as the result of a suicidal act during 1923 was 30, but of these the self-injury was inflicted in seven cases before admission and in five whilst on trial.

The number of deaths from self-injury amongst those who had so far recovered that they had been allowed to go home to complete their convalescence or who had been thought fit to live with friends, though not recovered, during the past nine years is shown in the following table:—

1915 - 4	1918 - 6	1921 - 8
1916 - 4	1919 - 8	1922 - 10
1917 - 5	1920 - 8	1923 - 5

As the total number of suicides during the period was 283 it appears that 58, or rather over 20 per cent., could not resist the impulse, even though they had been judged by medical men, skilled in the treatment of mental disorders, to be trustworthy, and not likely to harm themselves.

This is a good illustration of one of the difficulties that confront a medical superintendent when the question of a patient's discharge from care comes before him. However great may be the care he takes in trying to understand the patient's mind, and however carefully he and his officers may have watched the patient's general attitude towards life, possibly through months of convalescence, he may still be quite wrong in his estimate of the effect which the release from institutional care may have on a mind that has once been unhinged. Many patients whilst sheltered inside an institution where they have no responsibility in managing themselves or their affairs may appear, more especially to those who have little or no knowledge of mental disorders, to be perfectly normal in all ways; but in some cases, when this sheltering care is withdrawn and the patients are mixing again with their normal fellows and faced with the many and various difficulties of life, they are unable to bear the strain on their

minds, and within a short time take steps to end their lives. That this is true is common knowledge to medical men in mental hospitals, and is often told to them by patients returned from trial, who, in many instances, come back with gladness, feeling once more that they are in safe hands.

Although medical superintendents fully understand this difficulty, we are glad to know that they are still prepared to continue the practice of granting trial as freely as possible; for it is far better that risks of failure should be run than that patients should be detained in an institution longer than is necessary.

Those who have no knowledge of mental cases appear to think that a strict line divides the sane from the insane, and that at some given moment a patient who has been certified as insane will suddenly recover, and therefore must immediately be discharged. They do not recognise that in this, as in all other disorders, a period of convalescence must usually intervene before complete recovery takes place, and that the question of the proper time for the patient to regain his liberty should be determined by the medical man who has had the patient under his care during the illness. Nor do they understand that premature discharge may be of the greatest and even fatal harm to the patient. If by some means they could be taught to regard the treatment of mental disorder in the same way as the treatment of such diseases as typhoid fever and pneumonia, with their long periods of convalescence, much less would be heard of complaints that patients who, it is alleged, have recovered, are still illegally detained.

The means adopted by those who committed suicide whilst in residence were: by hanging in nine instances, by cut throat in three, by strangulation in three, on the railway in two, and by drowning in one. All the patients except three were not considered to be suicidal at the time of the act, and some of them had been granted considerable liberty, as they were considered to be trustworthy.

None of the cases raises points that are not already well known to medical superintendents, and we are glad to note that in only one instance was blame attachable to members of the staff.

The following short notes on four deaths are recorded, as it is thought that they present certain points of interest:—

Deaths with fractured ribs.—(1) Salop Mental Hospital. A. P., a female patient admitted February 6th, 1923, died February 24th, 1923.

At the inquest held on February 27th, the following verdict was returned by the Coroner: "That the said A. P. was found dead on the 24th day of February, 1923, at Salop Mental Hospital, and that the cause of death was due to acute lobar pneumonia, accelerated by fractured ribs. There was no evidence to show how the injuries were received."

The fractured ribs, 2nd to 9th on the left side, were not discovered during life; and, though the patient had been under

constant supervision, no evidence, apart from restlessness, as to how the injuries were caused could be discovered. Under these circumstances, the Board considered that an inquiry under oath should be held by two of their number. The inquiry took place at the hospital on April 9th, and evidence was given by two medical practitioners who had seen the patient before admission, by the patient's daughter, and by the medical and nursing staff of the hospital. The Chaplain and three hospital patients also gave evidence.

After an exhaustive inquiry, the Commissioners reported that they were quite unable to come to any definite conclusion as to how the injuries were caused, and were equally unable to fix any definite time when they were caused. They added that, taking everything into consideration, they believed that the injuries were, in all probability, caused accidentally by a severe fall whilst the patient was alone in her home: though they could not definitely exclude the possibility of a fall during the earlier part of the patient's residence in the hospital.

The evidence showed that the patient's chest was examined by medical men previous to the admission, on the day she was admitted, and on four occasions between then and the date of her death, but in none of these examinations were the ribs palpated with a view to ascertaining the presence or absence of injuries, and none of the medical men had any suspicion that injuries were present.

This case shows the utmost importance of a thorough chest examination on the admission of a patient, and also of the necessity of further thorough examinations of any patient who is known to be restless or in any way likely to meet with injuries, as was here the case.

There was no suggestion of any ill-usage or rough treatment on the part of the staff, and the Commissioners were impressed with the straightforward way in which the nurses gave their evidence.

(2) Rainhill Mental Hospital. J. R., female patient, admitted May, 1910, died August 13th, 1923. Injuries, fractured 3rd to 10th ribs on right side.

The patient, a big, heavy, epileptic woman, lost consciousness for a moment whilst making her bed, and fell against the bedstead, sustaining the above injuries. The fall was heard by a nurse, and the injuries were diagnosed within a short time.

This case is only mentioned to show what severe injuries can be sustained by a fall.

Death with scalds.—Durham County Mental Hospital. G. B., male patient, admitted July, 1922, died September 16th, 1923. Cause of death, general paralysis of the insane. Injuries, scalds on buttocks, thighs, left calf, feet and left hand.

On September 18th an inquest was held and a verdict was returned to the effect that on September 4th, 1923, G. B. was given a hot bath by another patient, contrary to regulations,

and was severely scalded on back, buttocks, legs and heels. That the cause of death was general paralysis of the insane, accelerated by scalds, but that there is no evidence as to who was responsible for the occurrence.

It appeared to the Board that a further inquiry was necessary, and they requested one of their number to investigate all the circumstances on the spot.

A Commissioner visited on October 17th and interviewed all the nursing staff concerned, and as many patients as were able to answer questions in any intelligent way, and who might possibly throw any light on the matter.

As the result of his inquiries the Commissioner reported that he had come to the conclusion :—

(1) That the patient was ordered to take G. B. to the bathroom ;

(2) that an unknown male nurse who gave the order did not go with him or left him alone with G. B. ;

(3) that the patient turned on the hot water and scalded G. B. ; and

(4) that there was no evidence to show which male nurse was responsible.

He suggested that the Committee should be asked to caution strongly all the staff concerned as to their conduct in future.

Various precautions have been taken to prevent the possibility of a patient entering the bathroom unless accompanied by a male nurse, and to prevent the possibility of any patient being able to turn on the bath water.

Death by poisoning.—Winwick Mental Hospital. M. E. F., female patient, admitted June, 1922, died 18th May, 1923.

In this case either a nurse or a workman, who had been doing repairs to the lock of a nurse's room, left the door of the room unlocked, and the nurse, when going off duty at 2 p.m., left open the door of her wardrobe. The patient was thus enabled to gain access to a bottle containing a preparation of carbolic acid, with fatal results to herself.

The Coroner considered that no blame was to be attached to the members of the staff ; but the case must act as a warning to all officers to see that poisons or dangerous weapons must be most carefully locked up. Precautions to prevent risks will be more strictly enforced in future at this hospital.

9. *Allegations as to Ill-treatment of Patients.*

Allegations of ill-treatment and neglect.—Sunderland Mental Hospital. B. B., a female patient, admitted March, 1921, died March, 1922. Cause of death, heart failure.

In June, some two and a half months after the patient's death, the husband requested the Visiting Committee to hold an inquiry into the treatment of his wife whilst she was a patient in the mental hospital, on the grounds, amongst others, that there

were marks on her face (including a black eye) for which no satisfactory explanation had been made, that she did not receive proper medical attention, and that the food was insufficient and unsuitable.

In consequence of these complaints the Visiting Committee held an inquiry by three of their members on June 26th, who reported they were satisfied that B. B. received proper treatment whilst an inmate of the institution, and that everything possible was done for her up to the date of her death.

In July the husband made further allegations of neglect to the Board, and intimated that he was dissatisfied with the inquiry held by the Committee.

After considerable correspondence and personal discussion with the husband, a Commissioner visited the hospital in September and made inquiry into the allegations. He reported that as the result of his inquiries he had come to the conclusion that B. B. was properly treated in the hospital.

This further inquiry did not satisfy the husband, who continued to make allegations of neglect; and in June, 1923, at the request of the Minister of Health, an inquiry on oath was held at the hospital by two Commissioners. This inquiry was attended by the husband and a solicitor, who appeared on behalf of the patient's sister. The Chairman and four members of the Committee were also present.

The inquiry lasted two days, and evidence was called by the husband and by the Clerk to the Committee in addition to the medical and other members of the staff summoned to attend by the Commissioners. All matters complained of were most thoroughly investigated, and, as the result, the Commissioners reported as follows: "In our opinion there is no foundation for any of the complaints, but we cannot leave the matter without saying further that we believe B. B. was well treated, well nursed, and received all due and proper attention and care from her admission to the time of her death."

The Commissioners believed that the husband was deeply and honestly concerned as to his wife's treatment, but they considered that he allowed his suspicions to weigh heavily upon him and to gain a mastery over his judgment, so that, by constantly brooding on the subject, suspicion increased, and with its increase he was prepared to view, and did view, through distorted glasses circumstances in connection with his wife's residence in the hospital, which were perfectly innocent and subject to clear explanation.

After the inquiry the husband thanked the Commissioners for the patient way in which they had conducted the inquiry, and the solicitor who appeared on behalf of the deceased patient's sister associated himself with the husband's expression of thanks, and expressed his thanks for the careful investigation, adding that every piece of evidence and every document that could possibly be produced relating to the case had been produced;

but at a later date the husband showed that he was still far from being satisfied.

Allegations as to Faulty Bathing and other Arrangements, and of Neglect.—City of Hull Mental Hospital. Early in March, 1923, a lady member of the Visiting Committee of this institution made representations as to serious faults in the bathing arrangements, and included in a subsequent statement allegations as to faulty condition of the lavatories, clothing, laundry appliances, crockery and of the general kitchen, and as to over-crowding, comfortless sick-rooms, dungeon-like and improper use of single-rooms, neglect and cruelty on the part of nurses. The Committee held a careful investigation and published a report on the matter early in July.

At the request of the Committee, two members of our Board subsequently made a further investigation. They visited the hospital on the 25th and 26th of July, and came to the conclusion, as did the Committee, that the administration of the women's side had been to some extent at fault, that there had been insufficient care as to privacy in bathing, and a lack of system in the supply and use of clothing and in stock-taking. They found that the more serious allegations were without foundation; and, while they made various criticisms, these referred mainly to matters easily rectified, and did not, in their opinion, seriously detract from the many admirable features found in this hospital. We have this year reverted to the practice of publishing copies of entries made at visits of inspection, and the Commissioners' report is printed in full in Appendix B, page 278.

10. *Infectious and Allied Diseases.*

The system (in force since July, 1921) of weekly notification to us from County and Borough mental hospitals of the case incidence of the diseases included in this category, has proved of great value from a statistical point of view. It has also enabled us to keep in close touch with outbreaks and unusual incidence, affording valuable opportunity for rendering assistance at times when the need for it is greatest. Although these notifications are not yet as complete as might be desired, owing to difficulty in diagnosis and to the absence in some mental hospitals of adequate laboratory facilities, improvement is evident year by year, and we appreciate the efforts of medical officers to make them as correct as possible.

It is quite clear that, owing to varying types of disease, varying severity of attack, and varying mortality, returns showing the number of deaths alone do not afford an accurate index of incidence. For instance, during 1923, in eight mental hospitals, 39 cases of enteric fever were notified with no resulting death, whereas in an equal number of other institutions 29 cases occurred, of which 13 terminated fatally. Had the computation of incidence depended in these instances upon mortality returns the resulting conclusions might have been entirely fallacious.

It must be realized also that complete mortality returns do not reach our office until the end of each year.

In our opinion, the periodical notification of infectious diseases, and of other morbid conditions where, from time to time, knowledge concerning incidence appears to be desirable, has proved of sufficient value to justify continuance, and we would accordingly welcome any suggestions that would tend to render them still more reliable. Errors in diagnosis, sometimes unavoidable, especially in places where laboratory facilities are imperfect, can be corrected subsequently should post-mortem or other evidence reveal conditions not recognized at the time of notification. It is better that notifications should be amended when necessity arises rather than that our figures should remain even to this small extent unreliable; adequate office provision has been made for any corrections that may be necessary.

Tuberculosis.—The new cases of this disease, notified to us as occurring in county and borough mental hospitals between 1st January and 31st December, 1923, totalled 1,288, being 12·6 per 1,000 of the daily average number of patients resident. This is a very marked diminution as compared with the corresponding returns published in our last Report, which showed 1,683 cases occurring during 1921 in a smaller population, with an incidence rate of 17·1 per 1,000. The total incidence among the staff was very small—only 14 men and 17 women, being about 1·5 per 1,000.

Although perhaps not so extreme as noted last year, comparison between individual mental hospitals still shows a marked variation in the incidence of the disease, probably too great to be explained by locality or character of population. In some cases the proportionate incidence for 1923 is as high as 35·5, 29·6, 26·7, 24·6 and 24·5 per 1,000 persons resident, and, on the other hand, in institutions of similar size and character of population, as low as 8·8, 8·7, 6·7, 5·7, and 5·3 per 1,000. Variations in incidence must, of course, be anticipated year by year in different institutions; but this fact appears insufficient to explain the high and low incidences above mentioned, seeing that the institutions to which they refer in all cases occupied a similar position amongst the high and low last year. There are other instances of disparity also, less marked, but still definite, that justify the suggestions that some undetermined factors materially affect incidence adversely in some institutions and not in others, and that close enquiry with a view to their recognition is desirable. It is necessary to determine whether the incidence of tuberculosis in mental hospitals (at least 7 or 8 times greater than in the general population, notwithstanding recent reduction) is unavoidable, if not, what are the causes that predispose to such undue incidence, and how can they be removed. Are the mental and physical peculiarities of patients entirely responsible, does intramural ward infection constitute an important factor, or are average mental hospital dietaries so deficient in essential food

constituents as to cause low vitality and impaired resistance to disease? All these influences, amongst others, have been suggested as bearing upon the question, and with some apparent reason; it does not therefore seem premature now to ask that their respective responsibility should be freely discussed and determined.

The mortality from tuberculosis fell from 14·0 per 1,000 of persons resident in mental hospitals during 1922, to 10·4 per 1,000 in 1923—a fall of over 25 per cent. From figures already given it is interesting to note that the reduction in the number of new cases of the disease during 1923 (12·6 per 1,000) from that recorded for the previous year (17·1 per 1,000) also shows a difference in incidence of approximately 25 per cent. The mortality rate for tuberculosis for 1923 is the lowest that has been recorded for many years past, considerably lower in fact than the equivalent pre-war rate (*see* Table, p. 26).

Dysentery.—The reduction in both incidence and mortality rates for this disease during 1923, as compared with the figures for the previous year, is very marked, even more so than was the case with tuberculosis, in that the fall in dysentery more nearly approaches to 50 than 25 per cent. The number of new cases notified during 1923 was 458, or 4·5 per 1,000 of the resident population; the equivalent figures for the previous year being 858 and 8·7 respectively. The number of cases among the staff were only 4 men and 6 women.

The reduction in the number of notifications of “severe diarrhoea” is not quite so marked as in the case of dysentery, although here also the difference between the record for 1922 and that for 1923 is material. The incidence in the former year was 386 cases with a rate per 1,000 of 3·9, and in the latter 248 cases with a rate per 1,000 of 2·4. On the grounds (1) that a considerable reduction in the incidence of “severe diarrhoea” is evident and concurrent with that of dysentery; (2) that it is impossible to assume that *all* cases of “severe diarrhoea” are dysenteric in character in view of the fact that many of them have been declared bacteriologically negative before notification; and (3) that other conditions may cause forms of diarrhoea clinically indistinguishable from the dysenteric variety, the somewhat smaller reduction in the incidence of “severe diarrhoea” does not provide much evidence to justify the suggestion that the lowered incidence of dysentery is due (except perhaps to a negligible extent) to the more free use of the term “severe diarrhoea” in substitution for “dysentery.”

Returns of incidence are only available for two complete years, but mortality returns have been collected for long past. So far as incidence may be implied from records of mortality, the figures in the accompanying table are suggestive and encouraging. The low mortality here shown may, of course, be no more than a reflex of the high mortality during war years, or we may be passing through a period of lowered pathogenicity so

MORTALITY (PRIMARY AND SECONDARY) FROM DYSENTERY AND TUBERCULOSIS.

Year.	Daily Av. No. of Patients Resident.	Dysentery.		Tuberculosis.				Dysentery.	Tuber- culosis (all forms).		
		No. of Deaths.	Mortality per 1,000 Resident.	Phthisis.		Other Forms.					
				No. of Deaths.	Mortality per 1,000 Resident.	No. of Deaths.	Mortality per 1,000 Resident.				
										Total.	
1909	96,688	269	2.8	1,305	13.5	211	2.2	1,516	15.7	2.8	16.4
1910	98,505	251	2.5	1,355	13.8	189	1.9	1,544	15.7		
1911	100,552	301	3.0	1,333	13.3	207	2.1	1,540	15.3		
1912	102,647	287	2.8	1,398	13.6	342	3.3	1,740	17.0		
1913	104,868	270	2.6	1,471	14.0	376	3.6	1,847	17.6		
1914	106,451	345	3.2	1,476	13.9	330	3.1	1,806	17.0	7.7	31.9†
1915	102,724	595	5.8	†1,793	†17.5	†220*	†2.1	†2,013*	†19.6		
1916	101,939	648	6.4	†2,000*	†19.6	†250*	†2.5	†2,250*	†22.1		
1917	98,621	1,143	11.6	†3,168	†32.1	†496	†5.0	†3,664	†37.2		
1918	90,459	928	10.3	†4,128	†45.6	†557	†6.2	†4,685	†51.8		
1919	87,215	394	4.5	†2,399	†27.5	†337	†3.9	†2,736	†31.4	1.9	14.4
1920	90,950	212	2.3	1,251	13.8	361	4.0	1,612	17.7		
1921	94,320	238	2.5	1,244	13.2	253	2.7	1,497	15.9		
1922	98,314	177	1.8	1,155	11.7	222	2.3	1,377	14.0		
1923	102,076	116	1.1	844	8.3	219	2.1	1,063	10.4		

* Approximate.

† Primary only.

far as tuberculosis and dysentery are concerned; but we would rather hope that present signs mean permanent improvement due to the adoption of better methods, such as more complete isolation, the extension of open-air treatment, greater attention to the prevention of infection by foul linen, the use of means to minimise the danger of intra-mural infection in wards, and improvement in diet. There is at least some evidence to show that the adoption by individual institutions of some or all of these measures has produced definite results.

Erysipelas.—Ninety-eight cases of this disease were notified from county and borough mental hospitals during 1923. In 11 cases erysipelas was returned as a primary cause of death, and in three others as a contributory factor. Owing to the absence of information it is not possible to compare incidence during 1923 with previous years.

Pneumonia.—The complete case incidence of pneumonia is not obtainable as, owing to misapprehension, many cases of the disease, that have occurred during 1923, were not included on notification returns. The mortality, however, is material and seems to imply a very large incidence. Deaths from pneumonia (all forms) either as primary or secondary cause, numbered 856—males 382, and females 474. Three hundred and seventy-three were classified as cases of lobar pneumonia and 483 as broncho-pneumonia.

Tuberculosis, dysentery, erysipelas and pneumonia have been grouped together in order to show a significant fact, demonstrated by the accompanying table. In those institutions where the incidence of tuberculosis is most evident, dysentery, erysipelas and (so far as can be judged by mortality) pneumonia follow. We have already seen that the mean incidence of tuberculosis throughout mental hospitals during 1923 was 12·6 per 1,000 of the resident population. In all institutions where tuberculosis was above that mean, dysentery, erysipelas, and pneumonia were high also, as evidenced by the ratios per 1,000 of the average number resident in each case. This is not the first time this correlation has been indicated; but its importance appears to justify this additional emphasis.

Typhoid and Paratyphoid.—The number of cases notified to us of these conditions numbered 122, or 105 amongst patients and 17 amongst members of the staff, the corresponding numbers for the previous year being 102 and 15 respectively. The difference therefore between the two years is negligible. In both cases, patients and staff, females largely predominated, the sex distribution in regard to patients being 18 males to 87 females and in staff one male to 16 females. This greater liability of female nurses and patients to attack, as compared with male nurses and patients, a condition that is very definitely the reverse of what occurs in the general population, has been noted in previous Reports. Here again is a matter for research and discussion, with a view to useful decision: some organised effort to account

1923.

Groups.	No. of Mental Hos- pitals.	Daily average number of patients resident.	Tuberculosis (all forms).		Dysentery (excluding severe diarrhoea).		Erysipelas.		Pneumonia (all forms).	
			New cases notified.	Ratio per 1,000 resident.	New cases notified.	Ratio per 1,000 resident.	New cases notified.	Ratio per 1,000 resident.	Deaths* (primary & secondary)	Ratio per 1,000 resident.
(1) Tuberculosis incidence rate above 12·6 per 1,000 -	40	38,311	781	20·4	244	6·4	58	1·5	363	9·5
(2) Tuberculosis incidence rate below 12·6 per 1,000 -	56	63,765	507	8·0	214	3·4	40	0·6	493	7·7
Totals and means -	96	102,076	1,288	12·6	458	4·5	98	1·0	856	8·4

* Complete incidence of pneumonia not obtainable.

for this reversal might lead to definite action on right lines. Typhoid and paratyphoid have been classed together this year for the sake of comparison with previous years, practically all paratyphoids in the past having appeared as "enteric." During 1923, however, the medical officers of some institutions have differentiated between the two, the total numbers diagnosed as paratyphoid being eight patients and one staff. In only two institutions was paratyphoid notified as a condition occurring by itself, all other cases of this condition occurred in association with typhoid. Sixteen deaths were due to typhoid and one to paratyphoid.

Small-pox.—Although cases of small-pox have occurred in fair numbers in the general population, especially in some districts, we are again fortunate in being able to report complete freedom from the disease in mental hospitals.

Other Infectious Diseases.—Twenty-eight cases of scarlet fever have been notified and 31 cases of diphtheria, these diseases being responsible each for two deaths.

Pellagra.

Thirteen cases of pellagra were notified during the year under review as compared with 18 during 1922. This disease was responsible for 10 deaths, 9 amongst patients and one amongst members of the staff. Two patients (males) and one male nurse died at Wakefield, one patient of each sex at Rainhill, and Herts, Chartham, Kesteven, Isle of Wight and Norfolk mental hospitals returned one death each, all in female patients.

11. *The Maudsley Hospital.*

This Hospital, under the London County Council, was founded for the early treatment of cases of incipient and curable mental disorder; for the promotion of scientific research into the causes and pathology of mental disorder with a view to their prevention and treatment; and for the provision of better and more organized instruction in Psychological Medicine. It owes its inception to the generosity and foresight of the late Dr. Henry Maudsley, F.R.C.P., who in 1907 offered the Council £30,000 towards its foundation, and later bequeathed a further £10,000. In maturing the conceptions as to its purpose, he was to a considerable extent guided by Sir Frederick Mott, at that time Director of the Central Laboratory, which, largely the outcome of the exertions of Sir William Collins, K.C.V.O., M.D., had been established in 1895 at Claybury Mental Hospital and which in 1916 was transferred to the Maudsley Hospital. The institution, designed by Mr. William C. Clifford Smith, O.B.E., F.R.I.B.A. (Engineer to the Mental Hospitals Committee), was completed soon after the outbreak of War and from May, 1915, until August, 1919, it was used as a Neurological Hospital for the treatment of soldiers and pensioners. In January 1923 it was formally opened by the Minister of Health, and was brought into use for the purpose intended by its founder.

In order the better to carry out this purpose, it was decided that the Hospital should be reserved for voluntary cases, and that no patient should either be admitted under certificates or certified for retention there or, if possible, for transfer elsewhere. Accordingly in 1915, the London County Council obtained from Parliament special powers authorising the reception and treatment of "voluntary boarders" at the Maudsley Hospital on such terms as to payment as the Committee might determine.* As the Hospital's first Medical Superintendent, the Council appointed Dr. Edward Mapother (M.D., Lond., F.R.C.S., M.R.C.P.). Fuller particulars as to its inauguration and initial development will be found in Appendix B. (p. 198), where the entry made by the Commissioners at the first visit of inspection paid last October on behalf of our Board is printed in full. We shall watch the work of the hospital and its progress with lively interest, and are particularly glad to notice both that out-patient work is included in its activities and that a link has already been established with King's College Hospital which is closely contiguous thereto.

Retirement of Sir Frederick Mott, K.B.E., Hon. LL.D., M.D., F.R.C.P., F.R.S.—Appointed in 1895 as Pathologist to the London Asylums and Director of the Central Laboratory at Claybury, and already at that time distinguished in the departments of Physiology and Neurology, Sir Frederick Mott has strenuously and successfully laboured to promote scientific study of mental disorders. His researches have been constant and important, and are too well known to require notice here; but, apart from the Archives of Neurology and Psychiatry in which many of them are embodied, it is fitting to recall that it was he who mainly established the infective character of colitis in asylums and its identity with dysentery, and mention may be made of his significant work upon the relation between general paralysis and syphilis, and upon the pathology of dementia praxica, and of his views, based upon much patient investigation, as to the biological aspect of this and some other psychoses. He was also largely responsible for the initiation at the Maudsley Hospital of the instructional courses in Psychological Medicine, at which a considerable number of practitioners have attended and gained the Diploma in this subject. His retirement, which by special resolution of the Council was twice delayed after he had attained the age limit, took effect in March last year; but, in taking this opportunity to acknowledge the assistance he has often given our Board, we are glad to know that his advice and help are still

* Section 23 of the L.C.C. General Powers Act (5 and 6 George V.), is as follows:—(1) The Visiting Committee may, if they think fit, receive and lodge as a boarder and may maintain and treat at the asylum known as the Maudsley Hospital on such terms and conditions as to payment and otherwise as they may determine, any person suffering from incipient insanity or mental infirmity who is desirous of voluntarily submitting himself to treatment therefor. (2) The Council or any Board of Guardians in the Country may, if they think fit, defray the whole or any part of the expenses of the maintenance and treatment in the said asylum of any such person as a voluntary boarder.

available, as exemplified by his present work at Birmingham and by his recent election as President-Elect of the Medico-Psychological Association. To succeed him, Dr. F. L. Golla (M.A., M.B., Oxon, F.R.C.P.) has been appointed.

12. CAUSES OF DEATH IN 1922.

It will be observed that the subjoined table and comments refer to the deaths in County and Borough mental hospitals during the year 1922, for the reason that, between the receipt of the statistics for the year covered by our Report and the preparation of the latter, there is insufficient time for an adequate analysis and study of the whole of the mortality figures. As on previous occasions, some of the causes of death for the year reported upon (1923) are, however, dealt with in the section (page 23) relating to infectious and allied diseases.

The following table is a shortened form of that published annually in pre-war years, and may be compared with that published on page 44 of our 8th Report.

Causes of Death in the cases of all Patients in County and Borough Mental Hospitals who died during the year 1922. The daily average number of patients resident during 1922 was :—Males 43,515, Females 54,799, Total 98,314; and the number of deaths was 8,851—Males 4,330 and Females 4,521.

	Primary (Principal).			Secondary (Contributory).			Total Incidence.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.
Enteric Fever - - -	7	29	36	—	—	—	7	29	36
Diphtheria - - -	2	3	5	—	1	1	2	4	6
Influenza - - -	101	155	256	15	17	32	116	172	288
Dysentery - - -	36	101	137	12	28	40	48	129	177
Erysipelas - - -	5	3	8	1	—	1	6	3	9
Pellagra - - -	2	12	14	1	3	4	3	15	18
Phthisis (pulmonary tuberculosis) - - -	498	572	1,070	36	49	85	534	621	1,155
Other tuberculous disease -	63	83	146	28	48	76	91	131	222
Cancer - - -	105	158	263	9	16	25	114	174	288
Diabetes - - -	15	15	30	2	3	5	17	18	35
Cerebral hæmorrhage (apoplexy) - - -	112	119	231	31	42	73	143	161	304
Organic disease of brain (and softening of brain) -	85	105	190	35	44	79	120	149	269
General paralysis of the insane - - -	1,042	240	1,282	20	1	21	1,062	241	1,303
Epilepsy - - -	173	139	312	33	30	63	206	169	375
Organic heart disease -	379	560	939	286	395	681	665	955	1,620
Arterial sclerosis -	294	327	621	192	155	347	486	482	968
Bronchitis - - -	90	123	213	115	136	251	205	259	464
Pneumonia (all forms) -	261	360	621	204	215	419	465	575	1,040
Enteritis - - -	3	18	21	11	23	34	14	41	55
Nephritis and Bright's disease	211	315	526	90	153	243	301	468	769
Senility - - -	447	530	977	43	73	116	490	603	1,093
All other diseases - - -	360	533	893	316	418	734	676	951	1,627
Violent deaths (including suicide) - - -	39	21	60	4	7	11	43	28	71
Total deaths - - -	4,330	4,521	8,851	—	—	—	—	—	—

Of the diseases which are comparatively infrequent in mental hospitals, it may be noted that there were recorded 22 cases of pernicious anæmia—9 males, 13 females—from 21 hospitals; one case of leucocythæmia; one of lymphadenoma; two cases of Raynaud's disease; and five cases, all but one being females, of Addison's disease. Nine deaths are ascribed to Graves' disease, all females, reported from nine different institutions. Chorea is given as a primary cause of death in four cases and as secondary in two cases, of which two were males and four females. Twenty-two deaths from cirrhosis of the liver were reported from 17 hospitals—in 14 cases (six males, eight females) as the primary, and eight cases (two males, 6 females) as a secondary cause. Cerebro-spinal sclerosis is given as the cause of death in six cases, one male and five females. Nine deaths ascribed to encephalitis were reported—two females from Rainhill, three of each sex from Winson Green, and one male from West Ham.

Comparison of Death Rates in the General Community with those of the Insane in Mental Hospitals, 1922.

The estimated population of England and Wales for the middle of 1922 was 38,158,000 of whom 10,466,664 (27·4 per cent.) were under the age of 15 years.

The number of patients in the County and Borough mental hospitals of England and Wales, at the close of 1922, was 100,079, of whom only 707 (0·7 per cent.) were under 15 years of age.

To compare, even approximately, the mortality statistics of the general community with those of the fraction represented by the insane in the above institutions, it is essential to limit the number in the former to persons aged "15 years and upwards." These in 1922 numbered 27,691,336 persons—12,952,196 males and 14,739,140 females. During the year the daily average number of insane patients in the mental hospitals was 98,314—males 43,515 and females 54,799.

Death Rates.—The number of deaths in 1922, of persons in England and Wales—aged 15 years and upwards—was 377,793, which gave a rate of 13·6 per 1,000 living. The deaths in the mental hospitals for the same year numbered 8,851, or a rate of 90·0 per 1,000. The mortality in these institutions was therefore between six and seven times as high as that amongst the community at large.

Causes of Death.—This striking difference is, in part, explained by contrasting the two populations in respect to their causes of death. It is obvious that in respect to some of them the smaller group enjoy an immunity which the larger group do not: *e.g.*, the larger number of zymotic diseases which are rarely to be

found in mental hospitals, as well as many disorders from which the segregated population is mainly exempt. But such immunity is small compared with the prevalence among patients in public mental hospitals of certain other disorders. Dysentery, tuberculosis and notably general paralysis occur in mental hospitals in disproportionately high ratios, whilst the comparatively lower physique of the insane as a class increases the death rate for nearly every one of the scheduled causes of death.

It will be seen, however, that there are certain exceptions to this general accordance with a higher death rate amongst the insane than in the general population; and it is of some importance to demonstrate this fact.

A.—Dealing with some of the more prominent causes of death we may contrast their rates per 1,000 living in each series as follows :—

Causes of Death.	Death Rates (per 1,000 living).		England and Wales.
	Mental Hospitals.	England and Wales.	Death Rates (per 1,000 living) if each raised proportionally to total Mental Hospital rate.
All Causes—	90·0	13·6	90·0
Influenza	2·6	0·7	4·4
Dysentery	1·4	0·01	0·05
Tuberculosis	12·3	1·3	8·6
Cancer	2·7	1·7	11·1
General Paralysis	13·0	0·1	0·4
Heart Disease	9·6	2·1	14·0
Bronchitis	2·2	1·2	8·1
Pneumonia	6·3	0·7	4·9
Arterial Sclerosis	6·3	0·5	3·4
Senility	9·9	1·0	6·8

This computation would still leave the mental hospital rates higher, as regards six of the above selected causes, than those of the general population; but for influenza, cancer, heart disease and bronchitis the figures would fall below those of the general population.

B.—Another comparison, which yields somewhat parallel results in the two series, is that of the proportion which the

deaths from any assigned cause bear to 100 deaths from all causes. Set out in tabular form they are as under :—

Causes of Death.	England and Wales.	County and Borough Mental Hospitals.
(a) Influenza - - - - -	4·8	2·9
(b) Dysentery - - - - -	0·05	1·5
(c) Tuberculosis - - - - -	9·5	13·7
(d) Cancer - - - - -	12·4	3·0
(e) General Paralysis - - - - -	0·4	14·5
(f) Heart Disease - - - - -	15·5	10·6
(g) Bronchitis - - - - -	9·0	2·4
(h) Pneumonia - - - - -	5·4	7·0
(i) Arterial Sclerosis - - - - -	3·8	7·0
(j) Senility - - - - -	7·5	11·0

C.—A third method of comparison is to note the proportion which the number of deaths in mental hospitals bears to that in the general community (at 15 years and upwards). This for all causes is 1 : 43; and, of the above selected causes, six are above this mean, ranging from 1 : 1·3 in the case of general paralysis to 1 : 33 in that of pneumonia. There remain four causes in which the proportion is below the mean, viz. :—heart disease 1 : 63, influenza 1 : 71, bronchitis 1 : 161, and cancer 1 : 177.

In each computation, then, the striking fact emerges that deaths from bronchitis and from cancer in mental hospitals are proportionately much less frequent than in the community at large. As regards bronchitis, it is probable that life in an institution is protected from exposure to influences that favour the occurrence of this disorder. But in the case of cancer we do not yet know what conditions are prone to induce it, or the lack of which may confer comparative immunity. In a small number of instances it is likely that the mental disorder has supervened upon the outbreak of the bodily disorder; but, if so, there would be a still smaller number of cases regarded as arising in persons who have become insane.

Cancer.—In the 65th Report (p. 26) of the Commissioners in Lunacy a similar relative paucity of cancer cases amongst the insane was noted; and there is reason to believe that in this class there has been no such progressive increase of this disease as is believed to have occurred in the general population. It may therefore be worth while to direct the attention of the Cancer Research Committee to the desirability of a closer investigation of this divergence, as it may perchance throw a sidelight on the still unsolved problem of the etiology of cancer.

REGISTERED HOSPITALS.

There has been no change in the number of registered hospitals, which continue to be maintained generally in excellent order,

and to discharge their useful functions in a very efficient manner and with benefit to the public.

The percentage of discharges (recovered, relieved and not improved) to the direct admissions during 1923 was 60·4 and of recoveries alone 41·9; the percentage of deaths to the average number resident was 7·1.

Certified Patients.

						Males.	Females.	Total.
Number on 1st January 1923						870	1,303	2,173
</								

The patient was bright and cheerful beforehand, and had just bought some chocolates for a young friend she was about to visit. No blame appeared to be attached to the nurse, nor to the authorities of the hospital.

STATE CRIMINAL ASYLUM, BROADMOOR.

This institution was visited in August, 1923, by two members of our Board, who reported most favourably both as to the care and treatment of the patients and on the general management of the institution. The health of the inmates was good; apart from a few cases of influenza, there had been no epidemic disease since our visit a year previously, and but three patients were at the date of the visit known to be suffering from tuberculosis. The number of patients resident was 648, of whom 474 were men and 174 women.

NAVAL AND MILITARY HOSPITALS.

Royal Naval Hospital, Yarmouth.—A member of our Board visited this hospital in August, 1923, and reported that he found everything in good order, that the patients were in receipt of excellent care and kindly treatment, and that their general health was good. He was glad to note that as many as 30 patients were allowed parole beyond the grounds, and that every effort was made to allow the patients as much freedom as possible within the hospital, and to encourage them to live as normal lives as the circumstances would permit. The numbers on the books of the hospital were 154.

Royal Military Hospital, Netley.—The section of this hospital which is set apart for the care and treatment of patients suffering from incipient or temporary mental disorder was visited by a member of our Board in April, 1923. At the date of his visit there were 62 patients, including three officers, in residence, and he was satisfied that they were in receipt of first-rate care and treatment, that close study and much individual attention was given to each case, and was pleased to learn the large extent to which the aid of the laboratory is sought in association with clinical observation.

LICENSED HOUSES.

On January 1st 1924, there were 19 Metropolitan Houses licensed by us and 37 Provincial Houses by justices for the reception of patients under the Lunacy Acts, the same number as in the previous year.

The percentage of discharges (recovered, relieved and not improved) to the direct admissions during 1923 was 56·2, and of recoveries alone 27·9; the percentage of deaths to the average number resident was 9·7.

Certified Patients.

These figures show that there was a decrease of 25 in the number of certified patients in Metropolitan houses and an increase of 216 in Provincial houses. This increase is practically confined to The Old Manor, where, under a recent arrangement made by the Minister of Pensions, 152 "Service" patients were accommodated on January 1st last.

Voluntary Boarders.—In addition to the above patients there had been admitted during the year 238 voluntary boarders (69 in Metropolitan and 169 in Provincial Houses), and on January 1st, 1924, there were resident 52 in Metropolitan and 118 in Provincial Houses—an increase during the year of one in the former and 21 in the latter.

Suicides.—Five deaths from suicide of persons residing in these houses were reported to us during the year, three of them being of certified patients and two of voluntary boarders. In the case of one of the patients, a lady, the suicidal act took place at a nursing home before certification by her precipitating herself from a window. In the case of another patient, the lady, deemed to be suicidal, was in bed in an observation dormitory; during the temporary absence of the nurse in charge she had got out of bed, pushed the wire fireguard of about 3 feet high aside, and set her cotton nightdress on fire. She sustained extensive burns, and died from shock 17 hours after the injuries were inflicted. The accident occurred through the nurse disregarding one of the rules of the establishment by leaving the room unattended. A suggestion of the Visitors, with which we agreed, that electric communication to a central position should be installed between all places occupied by patients, so that help might be summoned in case of need, was adopted by the licensee, who also had the fireguard permanently fixed in position. In the case of one of the voluntary boarders the gentleman, when out by himself for the day, threw himself in front of a train at a suburban station. The other cases do not call for any special comment.

Variations in Licences.—Appended are the changes which have occurred in the licences of these houses, and a list of the Metropolitan and Provincial houses, with their present licensees, appears at p. 359 of this Report.

Chiswick House.—Granville House has been included in the licence of this house. It is an eight-roomed house standing in the grounds of Chiswick House, near the acute wing on the male side. We allowed its inclusion on condition it was only used for patients of a quiet or convalescent type.

Flower House.—Dr. Mortimer John Cromie's name was added to the licence of this house in the place of Dr. A. E. Price, and he became the resident medical officer of the house.

Moat House.—On the death of Mr. Claude Hollins, one of the co-licensees of this house, which occurred on March 26th, 1923, Lieut.-Colonel Charles Ernest Hollins was added to the licence in his place.

The Grange, Rotherham.—The death occurred on May 31st, 1923, of Dr. W. C. S. Clapham, who, since 1885, had been connected with this house. He had been favourably known to us for many years as one of the resident licensees.

The Old Manor, Salisbury.—The licence of this house was varied so that, without any increase in the total number, private patients up to the number of 500 might be received. The reason for doing this was that "Service" patients selected by the Ministry of Pensions from the county and borough mental hospitals for special treatment might be received on the footing of private patients. During the year some 154 such patients have

been so accommodated in this house. This entailed the re-arrangement and improvement of the accommodation for some of the female patients.

St. Mary's House, Whitchurch.—Dr. Charles B. Gwynn died on December 29th, 1923. He had been proprietor and licensee of this house for many years, and had carried on the establishment to our entire satisfaction.

Wyke House, Isleworth.—On the retirement of Dr. F. Murchison, who had been in medical charge and responsible for the management of this house since 1892, the proprietor surrendered the lease to the ground landlord, who granted a fresh one to Dr. George William Smith, O.B.E., M.B., Edin., and he became resident licensee as from Michaelmas, 1923. He had previously been favourably known to us as an Assistant Medical Officer at Holloway Sanatorium and Chiswick House.

SINGLE PATIENTS.

The following table shows the changes that have occurred during the past year among the patients residing in single care under the provisions of the Lunacy Acts, but exclusive of those who have been found insane by inquisition.

Single Patient Statistics, 1923.

				Males.	Females.	Total.
Number on 1st January 1923 - - -				127	299	426
	M.	F.	T.			
Direct admissions - -	14	28	42			
Admitted on transfer - -	46	101	147			
Discharged :—						
Recovered - - -	16	24	40			
Relieved - - -	6	9	15			
Not improved - - -	2	3	5			
By operation of law - -	—	1	1			
Transferred to other single care or to institutions for the insane - - -	34	74	108			
Died - - -	10	19	29			
Number on 1st January 1924 - - -				119	298	417

The above figures show that there was a decrease of nine in the number of single patients.

The number of admissions during the past year exceeded those during 1922 by 33, and the discharges, excluding transfers, showed a decrease of eight.

These patients have been visited by a Commissioner once at least during the past year, and, where necessary or desirable, a second visit was paid. The care and treatment of these patients

have been found at such visits to be generally satisfactory, and in many instances highly beneficial.

Suicides.—Two deaths (one of each sex) from suicide occurred during the year. In neither case was the patient at the time of the act considered to be suicidal. In the case of the gentleman, he had attached the cord of his pyjama trousers round his neck and hanged himself from the window fastening of his bedroom; and in the other case the lady precipitated herself from the window of the house in which she was residing. In neither case did we consider that those in charge of the patient were to blame.

THE INSANE IN POOR LAW INSTITUTIONS.*

The subjoined table shows the distribution of patients who are certified under the Lunacy Acts, and who were in Poor Law Institutions on 1st January, 1924 :—

		Males.	Females.	Total.
In Metropolitan District Asylums	-	2,390	2,876	5,266
In other Poor Law Institutions	-	4,775	6,548	11,323
Total	- - - -	7,165	9,424	16,589

PROSECUTIONS.

The following prosecution undertaken under our Order was successful :—

R. v. Alice Wiebel Rees.—Mrs. Alice Wiebel Rees, of 22, St. John's Wood Park, N.W., appeared before Mr. Symmons, the Stipendiary Magistrate sitting at Marylebone Police Court on 19th July, 1923, in answer to a summons charging her with a breach of Section 315 (1) of the Lunacy Act, 1890, in that she in contravention of that section, for payment took charge of and received to board and lodge a lunatic or alleged lunatic in an unlicensed house without reception order or certificates.

The proceedings were instituted consequent upon a report made by Dr. Francis H. Edwards, the Medical Superintendent of Camberwell House Mental Hospital, after visiting the premises and examining certain persons residing there and alleged to be lunatics, under an Order made in pursuance of Section 205 of the Lunacy Act, 1890. The defendant pleaded guilty and was fined £2 and £21 costs.

The following prosecution undertaken at the instance of the Cheddleton Mental Hospital Visiting Committee resulted in a conviction :—

R. v. Edward Woodward Oliver.—The defendant, an attendant at the Cheddleton Mental Hospital and who had been dismissed from his employment, was on March 9th, 1923, convicted at the Leek Petty Sessions of striking a patient and was fined £2. The Chairman of the Bench intimated that the fine was placed at the

* The numbers of mental defectives in these institutions will be found on p. 68.

legal minimum in consideration of the fact that the Committee of Visitors had already ordered the forfeiture of the superannuation contributions amounting to over £28.

Mental Deficiency.

Last year we gave a general review of the work accomplished under the Mental Deficiency Act during the first ten years that it had been in existence, and pointed out how much still remained to be done if continuity of care and protection is to be secured for all mentally defective people who cannot take care of or protect themselves. We dwelt particularly on the need for co-operation between all the various authorities, both central and local, who deal with defectives, and emphasised the fact that until the provisions of the Education Acts dealing with mentally defective children are brought into complete operation, the full benefit of the Mental Deficiency Act with regard to the prevention of suffering, crime, destitution, inebriety and disease cannot be secured. This year we propose to discuss in some detail various aspects of the work of local authorities. Although the powers and duties of all local authorities are the same, there is great difference in the quantity and quality of their work.

It will be useful to compare an active urban authority with one that is not active. The active authority we have in mind represents a large industrial and urban centre in the Midlands. To obtain a clear idea of the incidence of mental deficiency in the population it is essential to begin with the statistics of defectives of school age. This city has a population of 919,438, and the number of children on the books of the elementary schools is 143,736. For many years the Education Committee has been fully alive to the existence and needs of mentally defective children and has established and maintained special schools for them.

The following figures show how many defectives of school age were known to the Local Education Authority on December 31st, 1923 :—

Number of mentally defective children in special day schools	- - - - -	1,046
Number of mentally defective children in residential schools	- - - - -	100
Number of mentally defective children certified but not yet admitted to schools	- - - - -	42
Number under 16 years of age considered too low grade for admission to special schools	- - - - -	200
		<hr/> 1,388

The Local Education Authority estimate that there are some 250 mentally defective children who have not yet been medically examined. If these are added to the above table	- - - - -	250
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The total is	- - - - -	<hr/> 1,638
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This gives a percentage of 1.1 on the school population.

The above ascertainment has been carried out in an exact and methodical manner. The children are reported for medical examination by the school attendance officers, head teachers, and school medical officers. Great as has been the effort of the Local Education Authority to provide sufficient special school accommodation for all defective children, the supply has not kept pace with the demand, and quite a large number of defective children pass out into the population from elementary schools without formal notification to the Committee for the Care of Defectives. The ill results of this will be seen from the following figures :—

Of 292 male defectives who have been placed under order by this local authority, 29 or 9·9 per cent. have been educated in ordinary schools and never recognised as mental defectives until they got into difficulties. More than half of them were reported by the Justices and two others were found in prison. Many were of quite a low grade of defect. Thirteen had a mental age of less than 9 years, while two were actually imbeciles.

Of the 371 female defectives who have been placed under order, 41 or 11 per cent. have been educated in ordinary schools and never recognised as defectives till they got into difficulties; 19 of these were reported from rescue homes, maternity wards or similar institutions, and 10 came from prison or through the police courts.

For those who have the benefit of attending special schools the following procedure is in operation :—

Periodical examinations are held at each special school and every case is reviewed and a decision arrived at on the following points :—

(1) Has the child improved sufficiently to return to an ordinary school.

(2) Should the child be notified to the Committee for the Care of Defectives as (a) incapable of receiving further benefit from instruction in a special school; (b) as needing further care and control on leaving a special school at 16.

In this city the Local Education Authority works in the closest co-operation with the Committee for the Care of Defectives, and the Chairman of the Special Schools Committee is also Chairman of the latter Committee. The Special Schools after-care Committee undertakes the visitation of all former special school children, including any for whom the Committee for the Care of Defectives have statutory duties. It will be seen, therefore, that facilities exist whereby any ex-special school pupil found to be urgently in need of institutional care or guardianship may at once be brought to the notice of the Committee for the Care of Defectives with full particulars of his history. We may say that if the number of special schools in the city could be increased to take the full number of defectives, and thus avoid the retention in and discharge of defectives from ordinary elementary schools, a complete system of ascertainment, training and care of defectives

up to the age of 16 would exist, and the opportunity of notification for further care at the age of 16 would be secured.

We now pass to the work of this Authority under the Mental Deficiency Act.

The Committee for the Care of Mental Defectives have the duty of ascertaining all the defectives who are subject to be dealt with. The large majority ascertained have been reported to them by the Local Education Authority. This is as it should be, for notification in this manner secures that care and protection are forthcoming in time to prevent social disaster. As pointed out above, the arrangements for notifying every child needing further care are not quite complete, but it is probable that in this area they are more nearly complete than in any other district, and this result is greatly assisted by the fact that the percentage number of places in special schools is very high. The Committee seem to be fully aware that the other sources of ascertainment are not so perfect; for instance, it is said that the number of cases reported by the Guardians is not great. This is, however, largely accounted for by the fact that the Guardians have an excellent institution of their own for mental defectives. Mentally defective cases are also probably discharged from the mental hospitals without the Committee for the Care of Defectives being informed. On the other hand, a very close co-operation exists between the Justices and the Prison Authorities and the Committee, and the Committee are in effective touch with all the charitable agencies in the City. It is a tribute to the kindly administration of the Act by the officials concerned that a considerable number of cases are reported to the office by their parents.

The following figures show the extent of the Committee's ascertainment of and provision for defectives :—

Total ascertained (1st January, 1924), 1,501, or 1·63 per thousand. Of these, 498 are maintained in institutions for defectives; 9 are under guardianship; 629 are under statutory supervision; 275 are reported as subject to be dealt with but no action has yet been taken owing to the financial restrictions and the lack of available accommodation.

The administration of the Act in this city is efficient, and we think that the following are the chief causes contributing to its success :—

(1) The efficient ascertainment of mentally defective children in the elementary schools and the prolonged observation of a large majority of them in special schools resulting in careful notification of suitable cases by the Local Education Authority.

(2) The excellent relations existing between the Committee for the Care of Defectives and the Local Education Authority (some members serve on both bodies), the Poor Law Guardians, the Magistrates, Children's Courts, probation officers, &c.

(3) The arrangements made for the medical examination of prisoners and remand cases.

(4) The zeal and efficiency of the Committee's office staff.

(5) The valuable work performed by the After-care Committee and the co-operation of other social and philanthropic agencies.

Having now given some account of one of the most active of the urban Local Authorities we will proceed to examine the work of another urban Authority. The population is 116,667 and the number of children on the books of the elementary schools is 21,255. No special school has yet been opened but the question is under consideration, and preliminary enquiries have been made by the Local Education Authority through the usual sources as to the incidence of mental defect among the children. This enquiry has, so far, resulted in the discovery of 49 feeble-minded children, (2 of whom have been notified under the Mental Deficiency Act to the Local Authority), 3 imbeciles who have not been notified, and no idiots.

The percentage of defectives found in the School population is therefore 0·2 per cent. as against 1·1 per cent. found by the Local Education Authority mentioned above.

The ascertainment in this district under the provisions of the Mental Deficiency Act is 0·08 per thousand as against 1·63 found by the first Local Authority we considered. Our returns show that only nine defectives have been ascertained and that eight of them are maintained in Institutions, while none are under guardianship or supervision. It is highly probable that this ascertainment is incomplete as the ascertainments per thousand in three County Boroughs in the same part of England are (1) 1·73, (2) 1·62, (3) 0·82. We find that no organized methodical enquiry is carried out and that the Local Authority only deal with cases that are brought to their notice but take no initiative in ascertaining them. Very few cases are reported by the Board of Guardians, none have been reported from the Managers of Refuges or other charitable societies, or by probation officers or the police, and there does not seem to be any effective co-operation between the Local Authority and the medical officers of the Prison and Mental Hospital. The Local Authority have not appointed an enquiry officer nor have they taken steps to depute their ascertainment duties to a voluntary association. These facts speak for themselves and show how little use is being made in this district of the benefits of training, care and protection afforded by the Mental Deficiency Act.

Ascertainment. Sec. 30 (a).—There has been some improvement in the activities of local authorities with regard to their duty of ascertainment during the past year. At the close of 1922 the number of defectives ascertained was 25,470, or 0·67 per thousand of the population, this year (1923) our returns show 35,413, or 0·96 per thousand of the population, an increase in the total number of nearly eleven thousand. This latter figure,

no doubt, falls far short of the existing number of defectives, and there is ground for thinking that a considerable number of local authorities are still in ignorance of many cases of defect in their districts. While it is improbable that there is much difference in the actual incidence of defect, there is the most striking difference in the returns made by the local authorities. As we think it important that these facts should be recognized, we give the following figures as an illustration :—

Six local authorities with highest ascertainment per 1,000—

Wilts County Council	-	-	-	-	3.34
Somerset County Council	-	-	-	-	3.29
Oxford County Borough	-	-	-	-	2.98
Rutland County Council	-	-	-	-	2.89
Warwick County Council	-	-	-	-	2.56
Cornwall County Council	-	-	-	-	2.46

Six local authorities with lowest ascertainment per 1,000—

Grimsby County Borough	-	-	-	-	0.07
South Shields County Borough	-	-	-	-	0.08
W. Hartlepool County Borough	-	-	-	-	0.10
Hunts County Council	-	-	-	-	0.11
Swansea County Borough	-	-	-	-	0.12
Bournemouth County Borough	-	-	-	-	0.14

From the above it might be argued that the incidence of defect is greater in the counties than in the boroughs, *i.e.*, greater in rural than in urban areas, but we think this conclusion would be incorrect. If we divide the country into rural and urban areas we find that the ascertainment per thousand has been*—

Rural areas	-	-	-	-	-	1.05
Urban areas	-	-	-	-	-	0.94

It will be seen, therefore, that the difference of ascertainment in rural and urban areas is not marked, and what little there is may possibly be accounted for as follows :—

(1) Special schools are almost all situated in urban areas, and where they exist it is probable that there is a tendency to retain the lower grade cases in them instead of notifying them to the local authority.

(2) In urban areas more defectives are to be found in Poor Law institutions, the conditions of town life tending to drive them to seek poor law relief earlier than in the country. Cases receiving relief are not ascertainable by the local authority.

(3) Ascertainment is more difficult in a crowded industrial area than in villages where everyone's affairs are known to his neighbours.

We could give many examples in which the type of district and population is similar, and yet where the number of defectives

* In this calculation Lancashire has been excluded. The Mental Deficiency administration is all under one Local Authority, and our returns do not enable a distinction to be made between the urban and rural population.

ascertained varies greatly. For instance, Shropshire and Herefordshire. These are both rural areas, are contiguous, and there is probably no material difference in the racial characteristics or in the environment of their populations. Yet Shropshire shows an ascertainment of 1·70 per thousand, while Herefordshire is 0·80. Turning to urban areas, the same may be said of Birmingham and West Bromwich. Geographically they merge into one another, and racially and industrially there can be little difference. Yet Birmingham shows 1·63 per thousand, whereas West Bromwich is only 0·27.

These considerations, added to our experience of the methods of ascertainment employed, force us to the conclusion that some local authorities carry out their duties far more efficiently than others, and this we believe to be the chief cause of the great differences in the percentages ascertained.

Those interested in trying to discover the incidence of mental defect in the population must not be misled by the numbers ascertained by local authorities, for it must be remembered that they do not include certain large classes of defectives and are therefore far from showing the full extent of the evil.

The classes of defectives excluded are :—

- (1) Those of school age. These are under the care of the Local Education Authorities.
- (2) Those in mental hospitals.
- (3) Those in Poor Law Institutions and those receiving out-door relief.
- (4) Those in prisons.

Local authorities have no statutory power to ascertain defectives in these four classes; *i.e.*, while they remain under the care of Local Education Committees, Poor Law Guardians, Mental Hospital Committees, or in Prisons. At present the arrangements for notification to the local authority on discharge from the care of the last-named three bodies are imperfect and often non-existent. We dealt at some length in our last year's Report on the urgent need for the co-operation of these various authorities. The need is as great as ever, and we strongly recommend that the medical officers concerned should meet together in each district and confer as to the best means of affording defectives the continuous care they require, which can only be given if they are brought into touch with the local authority.

Supervision. Sec. 30 (b).—The number of cases under supervision on the 1st January, 1924, was 10,825, an increase of 971 on the preceding year. In addition to these there were also 6,744 cases under voluntary supervision, and we may fairly conclude that, unless the members of the voluntary associations had been ready to visit and help these cases, some of them would have become subject to be dealt with, and would have had to be placed under guardianship or sent to institutions.

We are not altogether satisfied either with the extent to, or the methods by, which local authorities carry out their duty

under this section, *i.e.*, to provide "suitable supervision." More use could certainly be made of its provisions. We observe that 33 local authorities have not placed a single case under supervision, while many others are only supervising a very small number.

We desire to point out that the amount of good which can be accomplished by supervision of defectives in their homes depends almost entirely on the personality of the supervisor. Unless the supervisors have the social qualities which will enable them to become the trusted friends of the families they visit, very little good will be effected. The visitors must be persons possessing sympathy and understanding, and their visits should be paid at least once a month and more often if the defective is likely to get into difficulties. Regarding the choice of visitors, we can only repeat what we said last year—"We think the visitors should, as a rule, be women, who should be specially selected as likely to have a sympathetic understanding of the conditions of the homes and a knowledge of the mentally defective. Whenever possible, these women should be given a short course of training such as that organised by the Central Association for Mental Welfare, and where local authorities agree to defray, or contribute towards, the cost, the Board will allow the expenditure to rank for grant. The importance of obtaining for this work persons of good judgment and with the requisite experience cannot be over-estimated, particularly when we remember that it becomes their duty to report to the local authority whenever 'supervision affords insufficient protection,' and that therefore guardianship or institutional care is advisable. It is of primary importance that the confidence of the parents should be gained, and to do this visits must be frequent and conducted with the greatest tact and sympathy."

We trust local authorities will appoint specially trained visitors as officers of their Mental Deficiency Committee, or that they will make use of the voluntary associations. It is not wise to rely on the officers of other bodies such as the police or the Poor Law Guardians for supervisory work. Although admirable individuals may be found among the members of these services, they have had no special training, and it is desirable that the care and protection of defectives should be entirely dissociated from poor law relief or from criminal procedure.

Occupation Centres.—In our report for 1922, attention was drawn to the desirability of establishing occupation centres as a means of providing more effective supervision for defectives outside Institutions. During the year under review the movement has spread rapidly.

A circular was issued in June, informing local authorities that in the opinion of the Board, supervision of certain classes of mental defectives could be more efficiently carried out if the defective attended an occupation centre, and that the power to provide supervision would extend to the provision of such centres for suitable cases. It was pointed out that the training and

instruction given at the centres will often improve the mental and physical condition of the defective, and will help the parents to control them at home, thus postponing or preventing the need for costly institutional treatment, and promoting the economical working of the Act.

Fifty-seven Occupation Centres have now (May, 1924) been established under the auspices of voluntary associations and one by a local authority. The expenditure, apart from independent income and a small direct grant from the Board of Control under Section 48 of the Mental Deficiency Act, is met by a grant from the local authority, of which half is repaid by the Board of Control.

Attendance at a centre is found to render "supervision" more effective for the following classes of defectives:—

(1) Low-grade children notified by the local education authority as ineducable and in whose cases institutional care is either not necessary or is not available.

(2) Adult defectives living at home under statutory or voluntary supervision.

(3) High-grade boys and girls over school age, living at home and able to do industrial work under favourable and sheltered conditions.

The nature of the training required varies in accordance with the degree of mental defect.

The low-grade children included in the first class and some of the adults in the second will never profit from scholastic teaching or attain to industrial efficiency. For this grade of defective the aim of the training provided in the centre should be to produce habits of physical and mental self control, cleanliness, obedience, helpfulness and industry. Much can be done to counteract destructive and antisocial habits and many necessary personal and household duties can be learnt. In addition, simple manual work can be taught which, in some instances, proves saleable. With these objects in view, the routine of the centre should include such subjects as cleaning, scrubbing, the laying of meals, manners at table, lacing boots, games, physical exercises, speech-training, singing and hand work. Simple apparatus is required which can be largely home-made and is inexpensive in character.

Many of the higher grade defectives included in the third class will have passed through special schools, and after the age of 16 will require continued training on industrial lines. The object of the training in Industrial Centres for this grade of defective is to provide suitable and as far as possible remunerative work for those who are unable to compete in the open labour market and for whom unemployment is the direct road to disaster. An interesting experiment is being tried at Leeds, where workshops for boot repairing, chopping and bundling firewood and rug making have been opened for the mentally defective. Some 30 men and boys attend, most of whom are living under supervision in their own homes. They receive weekly wages according to

their capacity, and the cost of the centre is partly defrayed by the work sold. It is hoped that more industrial centres on these lines will be established in urban areas for young adults of both sexes.

The mothers of defectives, who are invited to be present at some of the centres, bear frequent witness to the increase of happiness and consequent decrease of "naughtiness" in their children and to their physical progress since attending the centre. The mothers also benefit from watching the resource and ingenuity employed by the supervisor in devising methods for the management and training of the children.

No objections are found to exist to the occupational training for the low-grade and the teaching of handicraft to the higher grade being carried on in the same room, provided the space is sufficient and the staff is such as to enable the supervisor to classify the pupils.

The success of a centre and its consequent justification depends almost entirely upon the supervisor. The organization and handling of a class of defectives of varying grades and ages is specialized work that requires knowledge as well as personal qualifications, and the experience of the past year emphasises the importance of all supervisors taking a practical course of instruction in the best modern methods of training defectives. Suitable training can sometimes be obtained in institutions and is also provided by the Central Association for Mental Welfare at the Agnes Western Centre in London which is specially equipped for the purpose.

The Central Association for Mental Welfare has also appointed an occupational organizer who will visit any area where it is desired to start an occupation centre and help with the preliminary organization. Fifteen centres have been started or reorganized in this way since March, 1923.

In several areas local education authorities are co-operating by lending rooms supplied with heat and lighting.

From our short experience of occupation centres we believe that they are proving of value in supplementing home care and rendering the lives of certain types of defectives living in the community happier, more useful and less liable to the risks attendant on their mental condition. There is scope for fresh experiment and effort both in the organization of occupational and industrial centres, and we hope to see both yet further developed in the coming year.

Guardianship. Sec. 30 (d).—Once more we wish to record our regret that local authorities have made so little use of their powers under this section. At the close of 1922 there were only 370 cases under guardianship, and during 1923 there has only been an increase of 25, making the total number only 395.

Fifty-four local authorities (out of a total of 124) have not a single case under guardianship, and 33 others have only one, or at most, two cases. Considering the great lack of institutional

accommodation and also its high cost, we wish to urge organized provision of this description. Guardianship properly provided secures adequate care and protection for a certain type of case, and makes for the greater happiness of the individual and for economy in the administration of the Act. In order to demonstrate what we mean we give the following instances taken from some of our reports on Guardianship cases :—

A feeble-minded man aged 37.—No memory, needs constant supervision, childish and obviously defective. He is under the care of a woman who lives close to some nursery gardens, where he does odd jobs, and is paid 2s. a week. He has good health, is suitably dressed, and always says that he is happy and contented.

A feeble-minded woman aged 41.—Cannot read or write and is ignorant of matters of common knowledge. Requires care and supervision. Before being dealt with under the Mental Deficiency Act she was in a Poor Law institution and also in a mental hospital. She has been placed under the guardianship of a woman who is looking after her with care and kindness. She does a little work in the house but cannot do anything alone. She is well and happy.

A boy of 18 years old.—Very imperfect speech, for the most part monosyllabic. Cannot read or write or tell the time. Had been cruelly treated by drunken father. Under guardianship of wife of farm labourer and works on the farm. He is suitably clothed, looks very well, works well and willingly, and is quite happy and contented. He needs someone to work near or with him to tell him exactly what to do. He receives wages and is able to contribute to his own support.

A young man, aged 23.—Feeble-minded and a cripple. Under the guardianship of a kind woman who looks after him very well. He does odd jobs such as chopping wood, washing up, cleaning knives and boots, feeding chickens, etc. He is very happy, and says he likes his situation, he receives a little pocket money.

A young woman, 18 years old, who has improved considerably since she was placed under guardianship. She is able to knit some of her own underclothing, and to assist in the housework. She is very happy and contented, and fond of her guardian—the arrangements made for her care are very satisfactory.

We think that Local Authorities should, either through their own officers or with the assistance of the voluntary associations, make an effort to organize schemes of guardianship somewhat on the lines of the Brighton Guardianship Society. It would be an advantage to have a group of cases in one neighbourhood, preferably where there is a demand for unskilled labour, for instance, near nursery gardens, laundries, or near farms and factories, where labourers are required. The grouping of a number of cases in one district would make their supervision easier, and

the provision of a central occupation centre or workshop would help to keep these defectives employed and out of mischief, and would go far towards promoting content and happiness.

The success of any scheme of guardianship depends mainly on the proper choice of suitable cases, and as we pointed out, in our last year's Report, this choice is hampered by the lack of any power to vary the order by transferring a defective from an institution to guardianship. An amendment to Section 7 of the Mental Deficiency Act, giving this power, would be of great assistance. We must repeat what we said on the subject, namely, that "the want of such a power creates a constantly recurring difficulty, and militates against the whole spirit of the Act, which was intended to prevent defectives from being detained in institutions longer than is necessary. An adult defective, after some years training in an institution, may be in such a condition as to justify a trial under a less rigorous measure of control. He has reached a stage at which, though still mentally a child, he is a docile and obedient child, and one who could be adequately protected and controlled under guardianship. Complete discharge would be disastrous; for, with his childish mind, he would be incapable of initiative and of competing on equal terms with normal people. Such persons manifestly cannot manage themselves or their affairs. The power to vary the order would enable many such cases to be transferred to a form of community life, and would secure for them a freer and more independent existence. This step is not taken, because it involves discharge from the existing order and the necessity of bringing a new petition and obtaining new certificates and a new order. It is not surprising that the Local Authority and the relatives are averse from the trouble, expense, and publicity of taking this action. The consequence is further and unnecessary institutional treatment."

Such an amendment would enable Local Authorities to select from their Institution cases who, in the course of several years' training, have established good habits and some measure of self-control, and who do not display erotic, unstable or violent tendencies, and who have been trained to do simple work.

Other vital factors in the success of a guardianship scheme are the suitability of the guardians and of the visitors appointed by the Local Authority to visit the cases. With regard to the latter, all we have said under "supervision" applies equally, and it is probable that in most districts the same persons would be employed. Again, we should like to emphasize the necessity of obtaining persons who have had some experience of defectives, and who know the methods of employing and training them. It should be pointed out to these supervisors that one of the ways in which they can be most useful is in giving advice and information to the guardians.

Provision of Institutional Accommodation.—Sec. 30 (c). During the year under review, additional accommodation has been provided for 631 cases.

The Warwick State Institution has been re-opened by the Board for 40 females, and two new institutions have been certified. One of these, the Pantglas Institution, has been provided by the Carmarthen, Cardigan and Pembroke County Councils, and at present is capable of accommodating 50 females : it is hoped that this institution will eventually develop into a Colony for all classes of mental defectives. Another small institution, with beds for seven males, has been started at Dungates, Horeham Road, Sussex, under the management of the Brighton Guardianship Society, while 233 additional beds have been provided by the managers of the Royal Eastern Counties Institution at branch premises, situated at Witham, Essex; and 44 additional beds have been provided at the Mid Yorks Certified Institution, Whixley.

Two Approved Homes have been opened during the year, with accommodation for 22 females and 5 males respectively : at another Approved Home five additional beds have been provided.

Five Poor Law Institutions have been approved by the Board, the total certified accommodation being for 161 beds. At one of these, namely, the Tonbridge Poor Law Institution, excellent accommodation for 25 boys is now in existence. At four Poor Law Institutions increased accommodation has been approved for a total of 64 beds, thirty of these being for juvenile cases.

The additional beds so provided are quite inadequate to meet the urgent demands for institutional accommodation, and the needs have become so pressing throughout England and Wales that the Board are now prepared to consider a limited number of new schemes, although they involve capital expenditure. It is necessary, however, to restrict new expenditure as far as practicable and as a colony of less than four or five hundred is neither an efficient nor economical unit, the Board desire that the schemes to be sanctioned should be of these dimensions, and that the providing authorities should be willing to take cases by contract from other authorities until they require the beds for their own cases. No Local Authority will be asked to provide institutional accommodation in excess of what it will ultimately require, and pending the use of all the beds by the providing authority they will be able to charge a maintenance fee for contract cases which will cover their capital and other expenditure.

The Board hope for the full co-operation of local authorities in carrying out this policy.

Licence and discharge.—These have been the subject of special consideration by the Board during the past year. The failure and consequent need for recertification of many discharged patients in the past again emphasizes the truth that mental deficiency is a permanent condition, and that in consequence, the mentally defective person requires throughout his life, some form of care and protection. Discharge is, therefore, felt to be inexpedient

except in very rare cases, where the circumstances to which the patient is discharged are such as to ensure his permanent protection.

On the other hand, life-long *institutional* care is not always necessary. After proper training and under adequate supervision, a certain number of defectives can return to life in the community with little risk to themselves or to others.

A. *Granting of licence*.—The policy of the Board has been embodied in a Circular (No. 628, March 19th, 1924) directed to local authorities and to superintendents of certified institutions.

In this Circular the Board state that they regard it as important that all suitable cases should be placed out on licence. Suitable cases are those who, in the course of several years' training, have established good habits and some measure of self control; who do not display erotic, unstable or violent tendencies, and who have been trained to do simple work. Such patients will always need some care and control, for, though they may earn money, they rarely develop the higher faculties which enable them to manage themselves and their affairs. Complete discharge is therefore inadvisable, but under proper safeguards, some at present in institutions might, it is believed, live more happily outside, and at less cost to the community.

The method of placing patients out on licence has the following advantages :—

Their names are retained on the books of the institutions where they were trained, and recall to the institution can be effected without difficulty if it becomes necessary either on account of deterioration or through unforeseen change of circumstances. Moreover, if, as occasionally happens, a patient has sufficiently improved to justify consideration of his discharge, it is of great advantage that he should be given a long period of licence before the question of discharge is actually decided; only in this way can it be satisfactorily determined whether the patient is really able to manage himself and his affairs, or whether he still needs the care and protection afforded by the Act.

It is essential that persons granting or consenting to licence should fully satisfy themselves as to the suitability of the surroundings to which the defective is being sent, and the means that will be available for his care and control. Injudicious granting of licence in the past has led to disasters which can only be averted by fully instructing the persons to whom mental defectives are sent as to their responsibilities.

Examples.

A.B.—I.Q. 62. Age 24.—Morose; outbreaks of violent temper, two convictions for theft, has attempted suicide. This girl was dealt with under Sec. 9, and remained in an institution over five years, and was then considered sufficiently improved for trial on licence. She was sent home to her parents, although previous evidence showed that her mother was unreliable and probably

immoral. She was subsequently arrested for stealing. Her failure is attributed to friction between herself and her mother, and to the bad influence of a brother.

C.D.—I.Q. 54. Age 12.—Apathetic, mischievous, destructive. This boy, after nearly five years in an institution, was sent on leave by the managers, against the opinion of the local authority and the medical officer, and after the Board had six times refused to discharge him on account of the poor condition of his home, and the lack of adequate control. Two months later, it was found necessary to recall him, as his mother, who was crippled by rheumatism, could not control him.

The Board have no complete figures or knowledge of the cases in which licence is proving successful, but the following analysis of 33 cases, who have had to be recalled to institutions during the past year may be of interest :—

Twenty-three were high grade cases.

Ten were low grade cases.

The failure of the 23 high grade cases was due to incapacity to manage themselves and their affairs, or to actively anti-social conduct. The majority of these cases were originally dealt with under the Act for lapses in conduct, but had shown some improvement in self-control whilst in the institution.

The 10 low grade cases failed because proper care and protection could not be provided for them at home.

Consideration of these cases shows :—

(1) That in low grade cases home conditions appear to be the determining factor; therefore the local authority should satisfy themselves fully on this point before advocating or consenting to licence. (2) That in high grade cases the determining factors are (a) the mental condition of the patient, and (b) the amount of benefit derived from training; therefore in these cases the opinion of the medical superintendent is of paramount importance in guiding the local authority. (3) That licence to parents does not always provide the best chance of success. In the case of high grade unstable patients, a return home usually means a return to the same surroundings and influence which were the original cause for the necessity for action under the Mental Deficiency Act. Moreover, it is frequently found that this class of patient is better managed by strangers than by members of their own families, who sometimes rouse their antagonism and are themselves often mentally defective. (4) That the power of prompt recall to the institution has prevented serious damage being done.

Examples.

E.F.—F.M., cannot manage money, works under supervision only, bad tempered, untruthful, steals. This girl of 21, was in an institution for two years and nine months. Although the home conditions were good, two applications for discharge by parents were refused, because the superintendent of the institution

and the medical officer considered her too unstable. She was eventually sent on licence to her parents, because she had improved. The first report said that she worked well in the house, and was easily managed, but three months later, the parents agreed to her recall as she was bad tempered and uncontrollable.

G.H.—*F.M.*, “like a child of 8 at 16,” untruthful, pilferer, works well under supervision. This boy of 20 was certified under Sec. 8 on his second conviction for theft at the age of 17. He was in an institution for three years and eight months, during which time he escaped four times, but was recaptured. Frequent applications by his parents for discharge were refused, because the medical officer considered the boy still untrustworthy, and to be benefiting by institutional training and control. Licence to parents was eventually granted, because he had improved in behaviour. The first two reports were satisfactory, but he had to be recalled at the end of six months, because he was unable to retain situations, and he had become unmanageable at home.

H.T.—Feeble minded, unreliable, untrustworthy; strong sexual proclivities, works well under supervision. This girl of 22, after three years in an institution, was considered to have improved sufficiently to be tried on licence as a domestic servant. In the first report her mistress said she was a good worker and doing well but after four months she was recalled, because “she had fits of depression and had committed acts of immorality when out alone.”

J.R.—*I.Q.* 66.—Dirty habits, liar, thief, brutal to small sister; has tried to set fire to the house. This boy was notified by the local education authority at 13 and was in an institution until he was 20 years of age. He was then considered by the medical officer to have improved sufficiently to be tried on licence at home. He obtained a job as an improver in a carpenter's shop at 27s. a week and appeared to be doing well. After four months, he was recalled, because he was unable to retain situations and had run away from home. His parents were much worried. He will probably be given another trial before long.

B. Discharges.—The wisdom of discharging patients from institutions can only be tested by following up their after-careers. When application is made for discharge, the practice of the Board is to make enquiries as to the character of the defective and the conditions to which he is returning. In cases where discharge is considered advisable, the local authority responsible is informed that consent is given on the understanding that the defective is kept under some form of friendly supervision and that from time to time reports on his progress will be asked for by the Board.

The reports received during the year 1923 are now available, and an analysis has been attempted showing the results of discharge of various grades of mental defectives.

Before entering into details or drawing any deductions we wish to make the following reservations :—

(1) The Board have incomplete information of the nature and adequacy of the supervision provided, and the standard of supervisors may vary so as to impair for statistical purposes the value of the reports received.

(2) The cases under consideration are classified from reports received only a year after discharge. Experience shows that one year is an insufficient period of trial for judging a mentally defective person's capacity permanently to stand alone outside an institution. Many have floated with the current which so far happens to have carried them along a safe course. Sooner or later, however, the need will come for initiative, judgment or power of resistance, and according to their capacity to respond and to adapt themselves to the need, they will sink or swim. Until the test comes, they cannot fairly be included either amongst the failures or successes. This accounts for the large group of cases in this year's returns who are tabulated as "doubtful." At present, they appear to be receiving sufficient care and control, but many, it is feared, will, in the course of the next year, have to be classified as "failures."

(3) Both the classification according to the grade and type of mental defect, and the grouping according to conditions and to behaviour since discharge, are liable to error in individual cases owing to the necessarily incomplete information given on the forms. It has, however, been found possible to classify the cases broadly as shown in the following tables.

Table I.—195 Discharges.

—	Failures.			Doubtful. (Care and Control sufficient at present).			Successes.			Not Traced.			Total.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
<i>Low Grade :</i>															
Stable -	2	2	4	30	24	54	—	—	—	—	—	—	32	26	58
Unstable -	4	4	8	13	10	23	—	—	—	1	1	2	18	15	33
<i>High Grade :</i>															
Stable -	—	3	3	14	4	18	—	—	—	—	—	—	14	7	21
Unstable -	10	12	22	15	24	39	5	8	13	3	6	9	33	50	83
Total -	16	21	37	72	62	134	5	8	13	4	7	11	97	98	195

The definitions used in this table have been arrived at on the following lines :—

The term *high grade* is used of mentally defective persons whose intellectual capacity does not prevent them from becoming of some economic value to their family, or even self supporting

The term *low grade* is used of persons inherently incapable, through lack of intelligence, of making any adequate contribution to the family expenses or of attaining independence.

The line drawn between *stable* and *unstable* is one of behaviour. The high grade unstable case, although sometimes barely sub-normal intellectually, may be debarred from independence by instability, showing itself in hysteria, violent temper, romancing, thieving, lack of sexual control or sexual perversion, etc. The high grade stable case shows none of these actively unbalanced propensities. As a group, they are less intelligent than the high grade unstable, whose wage-earning capacity is counter-balanced by their defective behaviour, but whose steadier conduct enables them under sheltered conditions to live harmless and useful lives. In the same way, the low grade have been divided into a stable and an unstable class; the lethargic and harmless idiots and imbeciles in the one, and the restless and destructive in the other.

The after careers of these different types of defectives since discharge have been traced as far as possible, and the results, classified into four groups, are given in Table I.

Table II.—37 Failures.

—		Again in Hands of Police.	Again Dealt with under M.D. Act.	In Homes or P.L.I's.	In Mental Hospitals.	Proving Un- satisfactory in Service.	In very Doubtful Homes.	Pregnant.	Total.
<i>Low Grade :</i>									
Stable	-	—	1	—	—	—	3	—	4
Unstable	-	—	3	2	1	—	2	—	8
<i>High Grade :</i>									
Stable	-	—	—	—	—	—	1	2	3
Unstable	-	5	4	3	4	1	2	3	22
Total	-	5	8	5	5	1	8	5	37

Under this heading are included cases whose history since discharge has proved unsatisfactory through lack (a) of adequate social control (b) of proper physical care. Failure amongst the former group shows itself in anti-social behaviour, incapacity to obtain or to retain work or to adapt themselves to changing conditions. The latter are largely low grade cases where in view of their mental and physical condition the care they are receiving is definitely shown to be unsatisfactory. The failures amount to 19 per cent. of the total discharges.

Table III.—Doubtful Cases (Care and Control sufficient at present).

	A.			B. At Home.												Total.		
	In Service.	Earning.	Em- ployed.*	Unem- ployed.	Attending Occupation Centre or Special School.													
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Low Grade:																		
Stable -	—	—	—	—	—	—	13	13	26†	15	9	24‡	2	2	4	30	24	54
Unstable -	—	—	—	—	—	—	6	3	9	7	7	14‡	—	—	—	13	10	23
High Grade :																		
Stable -	—	1	1	11	1	12	3	2	5	—	—	—	—	—	—	14	4	18
Unstable -	—	10	10	8	5	13	3	9	12	2	—	2	2	—	2	15	24	39
Total -	—	11	11	19	6	25	25	27	52	24	16	40	4	2	6	72	62	134

* Employed at home in house-work, parent's business or odd jobs, but either not earning at all or only receiving pocket money.

† Two are making use of definite Institutional training.

‡ The large majority of these are probably unemployable in their homes, though some might possibly be trained to do simple work in an Institution.

These include cases who are at present living in surroundings where their mental condition is understood, and allowances made for their behaviour, and whose apparently satisfactory condition may be attributed to suitable surroundings rather than to their capacity to stand alone. All have shown by their past or present behaviour the need for some form of permanent protection, and although, since discharge, no tangible trouble has occurred, all evidence points to future failure if the existing insecure support and shelter were withdrawn. Some could probably live safely outside institutions if placed on licence or under guardianship. As discharges they cannot be fairly ranked amongst successes or failures. As has already been pointed out, in this first year's returns this class of doubtful and untried cases must be exceptionally large. The doubtful cases amount to 69 per cent. of the total discharges.

13 Successes.

Only cases have been included in this class who have shown themselves to be economically and socially capable of independence. During the first year of discharge they have proved themselves able to live successfully outside an institution. The warning should be repeated, however, that the information available is limited, and that one year's trial is an insufficient period on which to base any final conclusions.

All 13 successes occur amongst the high grade unstable class. Seven are women doing well in service, one has married, five ar

boys, four living at home and earning trades union wages, and one at sea.

They amount to seven per cent. of the total discharges.

11 Cases Untraced or Left the Country.

This group includes seven cases who cannot be traced, and who should probably be included amongst the failures rather than the successes, and four who have emigrated.

Conclusions.

The above analysis appears to point to the following conclusions:—

Low grade stable cases.—Only seven per cent. of these have definitely failed, but the remaining 93 per cent. show the need for some form of permanent care and protection. We are, therefore, of the opinion that it would have been to their advantage to have been placed under guardianship or on prolonged licence rather than discharged.

Low grade unstable cases.—Of these, 24 per cent. have failed. Seventy per cent. are in the same category as the 93 per cent referred to above. In considering the discharge of this class of patient a higher standard of home conditions should be required, for they need in addition to physical care, constant attention and skilled management. We believe that a large proportion will eventually again need institutional care, and that therefore they should have been kept on prolonged licence.

High grade stable.—Of these, 14 per cent. have failed, 86 per cent. show the need for permanent care. The total number in this class is so small that no reliable deduction can be drawn.

High grade unstable.—Of these, 26 per cent. have failed. 16 per cent. have been classed as successes, 47 per cent. show the need for permanent care, and 11 per cent. cannot be traced. This class contains the highest percentage of failures, a lower percentage of doubtful cases, and is the only class that contains any successes. The conclusion to be drawn from this class is that in spite of the high percentage of failures, those cases who show steady and sufficient improvement should be given a trial on licence. It is advisable that licence should be prolonged in order to test the permanency of the improvement.

Remarks.—A mere statement of the figures cannot, by itself, convey any adequate idea of the conditions under which these patients are living, but a study of their previous histories, of their mentality, and their present environment, leaves us in great doubt as to the wisdom of many of the discharges. It is to be feared that in the past discharge has been to a great extent fortuitous, and has not depended, as should be the case, on the improved condition of the patients, or on the likelihood of their becoming self-supporting and able to manage themselves or their affairs. Numbers of discharges are granted after reiterated

applications from the parents who do not always show wisdom in their demands or appreciation of the true interests of their children, and whose desire for their return is sometimes of a frankly selfish nature.

Although it is important that all suitable cases should be placed out on licence we trust that in future much greater discrimination will be used by managers of institutions and by local authorities in the selection of such cases, and that by the development of friendly relationships between the officers of the local authority and the parents, the latter may be persuaded not to ask for the premature discharge of their children. There is no doubt that amentia is a permanent condition and one that calls for permanent protection and care, and we are of opinion that in consequence the large majority of cases who leave institutions should be given prolonged licence, and only discharge when it is clear that care and protection are no longer required.

NUMBERS UNDER CARE.

The summary of mentally defective patients under care, appearing on the following page, shows that on 1st January, 1924, they numbered 17,642 (males 8,189; females 9,453).

During 1923, there were increases of 55 in state institutions, of 1,027 in certified institutions, of 673 in poor law institutions approved under section 37, of 13 in certified houses, of 9 in approved homes, and of 79 under guardianship, making a total increase of 1,856 patients under care.

As regards the patients in the various branches of the Metropolitan Asylums Board certified institution, the figures include only those who are dealt with under the Mental Deficiency Act.

STATE INSTITUTIONS.*

(1) *Rampton*.—Medical Superintendent, Dr. Rees Thomas, Assistant Medical Officer, Dr. C. H. G. Gostwyck.

A chaplain visits and holds regular services at the Institution and some patients attend the Church in the village. Similar arrangements are made for those of the Roman Catholic faith.

The total accommodation of this institution is for 220 men and 148 women, and there are now six vacancies for men and six for women. A new block for 110 men divided into three wards is in course of construction and a portion of this building is nearing completion.

Health.—The general health of the patients has been good. There have been no outbreaks of epidemic disease, although influenza, in a mild form, has occurred from time to time. The establishment of a dental clinic with weekly visits by a local dentist has resulted in much improvement in the care of teeth.

* An Institution for defectives of dangerous or violent propensities established and maintained by the Board of Control under the provisions of section 35.

SUMMARY of MENTALLY DEFECTIVE PATIENTS on 1st January 1924.
(Registered by the Board of Control.)

Where maintained.	Received under the Mental Deficiency Act, 1913.										Received outside the Mental Deficiency Act, 1913.						Total of all Mental Defectives.		
	Under Orders (secs. 5-9).				Not under Orders (sec. 3).		Total.												
	Non-criminal.		Criminal.				M.	F.	M.	F.										T.
	M.	F.	M.	F.	M.	F.	M.	F.	T.	M.	F.	T.							
	In State Institutions -	29	78	181	93	3	2	213	173	386	—	—	—	213	173	386			
In Certified Institutions -	2,491	3,474	674	263	1,312	741	4,477	4,478	8,955	834	1,255	2,089	5,311	5,733	11,044				
In Approved (sec. 37) Insti- tutions.	1,863	2,667	261	72	86	115	2,210	2,854	5,064	—	—	—	2,210	2,854	5,064				
In Certified Houses -	7	13	—	—	104	111	111	124	235	12	41	53	123	165	288				
In Approved Homes -	—	—	—	—	—	—	—	—	—	142	180	322	142	180	322				
Under Guardianship or Notified	132	268	—	—	10	24	142	292	434	48*	56*	104*	190	348	538				
Total -	4,522	6,500	1,116	428	1,515	993	7,153	7,921	15,074	1,036	1,532	2,568	8,189	9,453	17,642				

* Notified cases (sec. 51).

with consequent improvement in the health of the patients. One male patient died from tuberculosis while absent on leave, the only other death during the year being that of a woman from cerebral thrombosis. There have been no serious casualties and no employment of mechanical restraint.

General Remarks.—The treatment of these patients presents one of the most difficult problems with which the Board have to deal. This will easily be understood when it is remembered that the patients at Rampton have all been sent there because they are violent, or dangerous, or because it has been found impossible to manage them in other institutions. No ordinary institution for defectives will keep patients who are liable at any minute to attack the nurses or their fellow patients, or who smash furniture and crockery, or have to be closely watched and guarded for fear of suicidal attempts. The result in the past of certifying such patients as insane and sending them to mental hospitals did not prove satisfactory. It was found that when the periods of excitement subsided these defectives could no longer be regarded as insane, and were, in consequence, discharged from mental hospitals; but, as the underlying mental defect from which they suffer is of a permanent nature, they at once fell back into violence and crime, and the round of short periods of detention in Prison, Poor Law Institution and Mental Hospital began again. The treatment of large numbers of excitable, irritable and violent patients in one institution is, however, a matter of great difficulty. They are transferred to Rampton chiefly because they have proved unfit to live in association with others and the first task is an attempt to teach them to do so. That the medical superintendent has already had some success in this effort may be judged from the fact that the number of whole days on which the isolation of individual patients has been necessary has decreased by 62 per cent. during the year under review. This is an indication of the improvement that has taken place in the general behaviour of the patients. In dealing with this type of patient it must not be forgotten that facilities for isolation must always be available. It is significant that the opportunity afforded for solitude is greatly appreciated by the patients themselves, who frequently ask to be allowed to go into a single room when they feel themselves becoming irritable and excited.

Classification.—The difficulty of adequate classification needs special consideration. The mental types gathered together at Rampton vary from imbeciles to high grade morons, whose mental defect is chiefly manifested by inability to adjust themselves to the society in which they live. The only characteristics common to all are their violent, dangerous and anti-social propensities. The patients are of all ages over 16, of all grades of intelligence, and include persons with convictions for almost every crime. Some are young and may improve with careful training; others have been admitted too late for us to hope to do anything more for them than to keep them from further anti-social conduct and

try to make them as happy and comfortable as possible. The first and most important classification is the separation of the younger and possibly trainable cases from the older ones who are confirmed in bad habits and who have become hopelessly vicious.

The report on the Warwick State Institution will show the effort that is being made in this direction for some of the younger girls and women. We would like to try something of the same description for the younger men. Any effort to do this is necessarily expensive, as it involves the engagement of a numerous and highly qualified staff and the establishment of smaller units than can be administered on a strictly economical basis. If, however, the experiment we are trying at Warwick should prove successful, and we are able to render some of these women even partially self-supporting and independent, the initial expenditure will be justified.

Recreation.—We consider that proper facilities for recreation and amusement are essential not only for the health and happiness of the patients, but as a vital part of their training. Such facilities must form the basis of any attempt to teach these defectives to live in association and to acquire the ordinary give-and-take that is necessary in any human relationship. It is the lack of this capacity which largely constitutes the mental defect from which most of them are suffering. Every effort must be made to cultivate any rudimentary social instinct they possess, and to do this, associated games, amusements and entertainments are essential. We have therefore done our best to hasten the provision of an adequate recreation hall. Meanwhile, every effort has been made to encourage outdoor games, both for young men and for young women, and dances, concerts and other entertainments are provided as often as possible.

Employment.—Suitable, varied and interesting employment has also been the subject of much consideration, but it presents many difficulties. Our patients are apt to weary of regular work far sooner than the average patient in a certified institution. It is difficult to maintain their interest for long. Some of the more docile cases are too intellectually defective to learn anything but the most simple manual occupations, while some of the more intelligent are too violent to be trusted with tools. In spite of all we have had to contend with, a great advance has been made. On the men's side we have a boot shop, a tailor's shop and a carpenter's shop, and we hope shortly to establish a brush shop. The women make and mend all their own clothes and also the men's under-clothing—they knit all stockings and socks—they are developing a weaving industry and a small number have turned out some good Buckinghamshire lace. The less intelligent do wool rug work, and the domestic work, including laundry and kitchen, is done by the patients. The garden and farm are invaluable for the men, and garden work is found to be most beneficial for the younger women and is to be further developed. When it is

remembered that all these patients have been sent to Rampton because of their inability to associate with their fellows or live a social life, it is encouraging, and a tribute to the efforts of the staff, to think of the progress towards association and social existence that is manifested by the work described above—even though it is often interrupted by outbreaks of noisy violence which necessitates short periods of isolation.

Since this institution was opened in March, 1920, 56 women and 45 men have been transferred, discharged or sent out on leave. Of those who either by discharge or leave were given a trial in the outside world, only 5 men and 3 women have in any sense "made good." Seven men and 14 women have failed, and have been re-admitted to Rampton, 2 men and 5 women are now in mental hospitals, and 19 men and 20 women are in certified institutions for the mentally defective, to which they were transferred when their violent and dangerous condition subsided. It is possible that some of these may have to return, but for the present they are apparently controllable in ordinary institutions. It will be seen that the percentage of patients who become fit for life in the community is very small, but it is hoped that it may increase when the average age of patients on admission decreases, when the facilities for classification and training are improved, and when the system of granting long leave to those patients who respond to training has been still further developed.

(2) *Warwick*.—This institution was re-opened for mentally defective women of dangerous or violent propensities on July 25th, 1923, to relieve the pressure on the accommodation at Rampton.

It was decided to transfer the more hopeful cases from Rampton to this institution and to endeavour, by individual training and by freedom and contact with the outside world, to try and equip as many of them as possible to take their places as working members of the community.

The patients were admitted in small numbers (ten in a batch), thus allowing each batch to help the next to accommodate themselves to their new surroundings and mode of living. It was very marked how quickly the second and following batches reacted, whereas the first found it very difficult to accustom themselves to changed conditions.

The institution at present provides accommodation for 31 patients. They each have their own bedroom and there is a central dining room and three dayrooms. Certain rooms are set aside for the better behaved girls, and for these there is great competition.

All the domestic work of the institution is performed by the patients. An experiment has been tried of allowing two girls to act as servants, and to live in the matron's house, where they

are trained in all domestic duties. At present, they have not abused the advantage of the greater liberty and unlocked doors, and their general behaviour and outlook has steadily improved. One girl so trained has just been sent out on trial to daily service.

It is hoped in the near future to open a hostel in connection with the institution and from which the more reliable girls can be sent out to daily work, in order to test their capacity for independence.

As far as possible, the girls are allowed to choose which of the following occupations they will learn :—laundry work, gardening, sewing, dressmaking, housewifery and cooking. Part of the day is given to industries, such as rug-making, basket and raffia work, machine knitting, lace-making and stencilling.

The patients have themselves organized a committee which arranges a weekly programme of amusements and discusses any problems and difficulties which may arise. Two members of the staff serve on this committee. The recreations are chosen by the patients, and in consequence there has been a fairly good attendance.

Certain friends in the neighbourhood have been very kind in helping to organize readings, concerts, eurhythmics, country and other dances, ping-pong and whist drives. A great point is made of expeditions outside the institution on which occasion neither patients nor nurses are dressed in uniform. Patients go for country walks, to the cinema once a week, to concerts and picnics, and are allowed to go shopping once a month. They are also learning to play net-ball. On two occasions they were asked out to tea in private houses : this proved a great success, and their behaviour was excellent. They attend church in the town on Sundays.

During the winter, a series of lectures on literature and drama was given by an experienced lecturer. The 13 girls who commenced the course continued to attend regularly throughout, and at the last lecture expressed the hope that there would soon be another course. The lecturer saw each girl individually after the lecture, and discussed her last week's essay. The girls were evidently greatly interested, and were painstaking and attentive. The majority showed some improvement in expression and appreciation.

It is fully recognized that the greater freedom and more normal life arranged for these girls involves the risk of increasing the number of absconders. But the risk is fully justified by the opportunity this freer regime gives for training in self control and responsibility, whereby alone these patients can be fitted for return to ordinary life in the community.

The general health of the institution has been good, and apart from colds, there have been no epidemics.

CERTIFIED INSTITUTIONS.*

Admissions.—The admissions to certified institutions during 1923 were 1,953, a decrease of 630 on those in the preceding year. This fall in the number of admissions was no doubt caused by the lack of accommodation. It should be noted that two large new institutions were opened in 1922 (The Manor, Epsom, and The Girls' Village Homes, Barkingside); each with a considerable number of admissions. Also, during the same year, a considerable number of vacancies at Calderstones (Lancs.) were filled. No correspondingly large institution was opened during 1923.

The sex distribution of the admissions was nearly equal viz., 1,002 males and 951 females.

Discharges.—The patients discharged or removed during the year numbered 747—males 353 and females 394—representing a reduction of 125 on the numbers for 1922. They were 7·1 per cent. of the average population of these institutions as compared with 9·4 per cent. in 1922.

Deaths.—The deaths during 1923 numbered 179, being 1·7 per cent. of the daily average number of patients resident; this was 0·5 lower than the rate obtaining in the preceding year. Fifty deaths, nearly 28 per cent. of the total, were due to tuberculous disease in all forms, 24 per cent. being pulmonary; 23 per cent. were due to pneumonia, 10·6 per cent. to epilepsy, and nearly 8·0 per cent. to heart disease. The remaining deaths were attributable to a variety of causes, the only one of special prominence being bronchitis, which accounted for 5·0 per cent. of the deaths.

Under Care on 1st January, 1924.—The changes detailed in the foregoing paragraphs—admissions, discharges and deaths—during 1923 resulted in a population of 11,044 in certified institutions on 1st January 1924,—1,027 in excess of those resident a year previously. The distribution of these cases—according to the conditions under which each was received—is as follows :—

—	Males.	Females.	Total.
Received under the provisions of the Mental Deficiency Act - - - - -	4,477	4,478	8,955
Received outside the provisions of the Mental Deficiency Act :—			
Sent by Local Education Authorities - - - - -	332	232	564
Sent under the Children Act, 1908 - - - - -	89	62	151
Sent by Poor Law Authorities - - - - -	363	758	1,121
Sent by Relatives or others - - - - -	50	203	253
Total - - - - -	5,311	5,733	11,044

It is again evident that the proportion of patients in certified institutions, who are sent there under the provisions of the Mental

* A Certified Institution is one certified by the Board of Control under section 36 for the reception of defectives.

Deficiency Act, as compared with the proportion sent by Boards of Guardians or others, *i.e.*, outside the Act, is steadily increasing :

Year. (1st Jan.)	Under the provi- sions of the Act.	Outside the Act.	Total.	Percentage under the Act.
1918	4,242	2,147	6,389	66·4
1919	4,493	2,084	6,577	68·3
1920	5,063	1,948	7,011	72·2
1921	5,551	1,870	7,421	74·8
1922	6,574	1,939	8,513	77·2
1923	7,891	2,126	10,017	78·8
1924	8,955	2,089	11,044	81·1

CERTIFIED HOUSES.*

The close of the year found 288 persons under care in certified houses—admitted under the following conditions :—

Number of Patients on 1st January 1924.

—	Males.	Females.	Total
Received under the provisions of the Mental Deficiency Act - - - - -	111	124	235
Received outside the provisions of the Mental Deficiency Act:—			
Sent under the Children Act, 1908 - - -	—	1	1
Sent by Poor Law Authorities - - -	5	23	28
Sent by Relatives or Others - - -	7	17	24
Total - - - - -	123	165	288

This is an increase of 13 on the total number of patients in these houses a year previously. All cases received under the Mental Deficiency Act (except 20 cases under Order) were “placed” under Section 3.

APPROVED HOMES.†

Number of Patients on 1st January, 1924.

—	Males.	Females.	Total.
Sent by Poor Law Authorities - - -	8	68	76
Sent by Local Authorities - - -	—	5	5
Sent by Relatives or Others - - -	134	107	241
Total - - - - -	142	180	322

* A Certified House is one in which defectives are received by the owner thereof for his private profit, and in respect of which a certificate has been granted by the Board of Control under section 49.

† An Approved Home is one in which defectives are received and supported wholly or partly by voluntary contributions or for private profit, and in respect of which approval has been granted by the Board of Control under section 50.

On 1st January, 1924, there were 22 of these homes in existence, with total accommodation for 428 patients, and the numbers under care showed an increase of nine on the preceding year.

DEFECTIVES UNDER GUARDIANSHIP AND IN PRIVATE CARE (Sec. 51).

The following table shows the changes that have taken place during the past year among the mentally defective patients residing under guardianship and in private care :—

—				Males.	Females.	Total.
Number on 1st January, 1923—						
Under Orders	-	-	-	112	235	347
“Placed” (Section 3)	-	-	-	12	11	23
Notified (Section 51)	-	-	-	29	60	89
				153	306	459
	M.	F.	Total			
Admissions (including cases admitted from institutional care)	50	82	132			
Discharges (including removals to institutions under Varying Order)	11	35	46			
Deaths	2	5	7			
Number on 1st January, 1924—						
Under Orders	-	-	-	132	268	400
“Placed” (Section 3)	-	-	-	10	24	34
Notified (Section 51)	-	-	-	48	56	104
Total	-	-	-	190	348	538

The above figures show a total increase of 79, *i.e.*, of 53 under Orders, of 11 “placed” cases and of 15 notified cases, as compared with the previous year.

MENTALLY DEFECTIVE PATIENTS IN POOR LAW INSTITUTIONS.*

The number of defectives dealt with under the Mental Deficiency Act, 1913, who were in Poor Law Institutions on 1st January 1924 is shown in the subjoined table :—

—				Males.	Females.	Total.
Under “Orders”	-	-	-	2,124	2,739	4,863
“Placed” (section 3)	-	-	-	86	115	201
Total	-	-	-	2,210	2,854	5,064

* The numbers of insane persons in Poor Law Institutions will be found on page 40.

These 5,064 patients are distributed as follows :—

(a) In Poor Law Institutions	-	-	-	-	-	2,420
(b) In Special Poor Law Institutions, <i>i.e.</i> , Seafield House, Birmingham Certified Institution (Monyhull Colony and Erdington) and Prudhoe Hall and ancillary premises	-	-	-	-	-	796
(c) In the Metropolitan Asylums Board Certified Institution	-	-	-	-	-	1,848

The use of Poor Law Institutions approved under Section 37 of the Mental Deficiency Act.

In consequence of the financial restrictions, it has not been possible for local authorities to provide a sufficient number of certified institutions specially designed for the care and treatment of defectives. Greater use than was originally contemplated has consequently had to be made of buildings and premises provided by Boards of Guardians. These Boards have rendered considerable public service in allowing their institutions to be used for the purposes of the Act, and their assistance is likely to be required for many years to come.

We have recently issued a Circular to local mental deficiency authorities, in which we made the following observations indicating the general lines on which these institutions should be used in future.

(1) Mental defectives capable of benefiting by training and varied occupations, should not be detained in poor law institutions for prolonged periods unless the institutions are adequately staffed, and equipped to provide for their classification, care, training, employment and recreation. Unless these are provided such cases should be transferred to other institutions as early as practicable.

(2) Mentally defective children should be removed without delay to institutions in which proper arrangements are made for separating them from the adult inmates and for providing them with such training and teaching as may be necessary.

Local authorities should be prepared to remove to an ordinary certified institution any case that cannot properly be dealt with in a poor law institution.

CENTRAL ASSOCIATION FOR MENTAL WELFARE.

We wish again to acknowledge the invaluable activities and co-operation of the Central Association for Mental Welfare in all questions relating to mental deficiency.

The Association has now 47 branches working in close connection with local authorities in different parts of the country. The index kept at the central office now contains records of over 32,800 cases of defectives reported either directly to the Central Association or to the Local Associations.

The activities of the Association during the past year include:—

(1) The organisation of—

- (a) A course for teachers held at Birmingham.
- (b) A course on mental deficiency for medical practitioners arranged in co-operation with the University Extension Board and held at the University of London.
- (c) A course for magistrates dealing with their work under the Lunacy and Mental Deficiency Acts.

(2) The appointment of two occupational organisers who are doing valuable work in organising occupation centres and visiting institutions to advise and train the staff in the best methods of teaching mentally defective patients.

(3) The training of Supervisors for Occupation Centres at the Agnes Western Centre.

(4) The establishment of a circulating library containing books on mental deficiency and allied subjects.

(5) The publication of a quarterly journal entitled "Studies in Mental Inefficiency."

Research into Causes of Mental Disorder and Defect and Routine Laboratory Investigation.

We referred in our last Report (page 55) to the need for establishing Research Centres in connection with the Universities, and to the desirability of grouping and affiliating with these centres every institution at which mental cases are received in the neighbouring counties. We cited the Birmingham Joint Board of Research at that time in process of constitution, in connection with which the Laboratories at the Rubery Hill and Holmwood Mental Hospital have since been opened (in June, 1923) by the Minister of Health; and we are glad to note that schemes of this nature are receiving attention elsewhere. By such centres we mean a mutual arrangement between the authorities of the University, of the Mental Hospital (one or more) in the immediate vicinity, and of the General Hospital (one or more) which is affiliated to the University's Medical School; the joint use under skilled guidance of laboratory facilities at these units; and the ultimate provision, possibly under contract with the statutory Visiting Committee of the Mental Hospital, of a Clinic with beds for in-patients as near as practicable to the General Hospital and administered as part of the latter with the co-operation of the staff—medical and nursing—of the Mental Hospital. Provision for out-patient treatment of mental cases should, as far as practicable, be made in and as part of the out-patient department of the General Hospital, because patients in incipient or early stages of mental disorder will generally prefer to attend there rather than at a building known to be set apart solely for nervous and mental disorders and because a wider sphere of influence, and thereby greater good, is likely to be

attained.* Research and Teaching, in the directions we contemplate, ought not to be divorced: properly to maintain the vitality of each, they should be closely associated; it is for this reason we advocate that these Centres, besides undertaking research and such other work as cannot be expected in a comparatively small Clinical Laboratory, should provide undergraduate and post-graduate teaching in Psychological Medicine. As to these smaller laboratories, no mental hospital should be without one; it is satisfactory that progress continues in the provision and equipment of new ones, and in the return to activity of others whose use had fallen during the war into abeyance.

Research Work during 1923.—Our Supplement (p. 74), as usual contains the reports of scientific research work which have been furnished to us from a number of Mental Hospitals, together with a few summaries of routine investigations carried on in the laboratories. The importance of the investigation of the pathology of mental disease and of the connection between the mental and physical health of the patients cannot be over-estimated; it is our desire to extend the scope of this part of the Supplement and to record the extent to which routine laboratory investigation is employed at Mental Hospitals in aid of clinical examination.

In the report from Wakefield is the observation:—"that the Institution is now free from infection by the dysentery and typhoid groups and that this freedom is not due to a temporary lowering of the pathogenicity of these organisms, but is a real freedom consequent on our intensive study and our systematic clinico-bacteriological methods." That is a striking statement, and is a tribute to prolonged and painstaking work carried out in the face of many administrative obstacles.

General Paralysis.—We may also specially mention the clinical trials which—commenced originally in Austria, and, as respects this country, first, we believe, at Whittingham Mental Hospital—are being made at some 19 institutions (including two Registered Hospitals and one Licensed House), of the method of treating general paralysis by inducing attacks of malaria. We have been glad to be of help in extending facilities for a trial of this treatment, in which connection and with the preparation of Instructions as to the avoidance of risks and other points of importance we have received valuable assistance from the Ministry of Health. It is too early to give results, but we shall watch them with interest and with a view to their publication in due course: this much can be said, that there are now a number of cases so treated who, upon ordinary prognostic data, would have been expected either to have succumbed or to be in an advanced stage of the disease, but who either have been discharged and are at work, or who, though remaining in hospital, are much

* On p. 33 of the Board's 9th Annual Report will be found the names of Mental Hospitals, in connection with which out-patient treatment of mental cases has been arranged at a neighbouring General Hospital.

improved. We have also been in correspondence with some six of the hospitals—to whose Superintendents we have forwarded literature upon the subject—and with a representative of the Rockefeller Institute in New York, with the object of securing a trial of the treatment of general paralysis by Tryparsamide, samples of which have been distributed by the Medical Research Council.

The incidence itself of general paralysis is receiving our attention and merits local observation. Without, on this occasion, going into great detail or analyzing the statistics in age-periods, it may be pointed out that, for the years 1878 to 1914 inclusive, the number of general paralytics admitted into all institutions for the insane was 7·6 per cent. of the total direct admissions—12·8 per cent. for men and 2·6 per cent. for women. The highest percentage was 9·2 in 1889 and the lowest was 6·1 in 1902; the percentage for the first half of these 37 years was 8·4, and it was 7·0 during the second half. For the years since and including 1907, our records differentiate cases whose attack of insanity was believed to be their first: for the eight years 1907–1914, the average rate per cent. of general paralytics to the total direct admissions was 7·2—12·7 for men and 2·1 for women, and that of first-attack cases to the total of first-attack direct admissions was 9·5—16·6 for men and 2·8 for women. For the period of the war our statistics are insufficiently complete to be quoted; but, since the resumption of keeping the Medical Register, it is again possible to observe the incidence of general paralysis. From an examination of the returns for 1920–22, it is of interest—and probably not without significance—to note that, expressed in averages for these three years, only 5·7 (10·7 for men and 1·5 for women) per cent. of the total 67,203 direct admissions, and 7·3 (13·8 for men and 1·9 for women) per cent. of the first-attack direct admissions were general paralytics. A corresponding marked fall in the number of deaths from general paralysis is also observable; but, without a much fuller analysis of a number of other figures, an expression of this fall as a percentage either of the total number of patients resident or of the total number of deaths would be apt to be misleading. The view of those best able to judge is that this reduction in the incidence of general paralysis is not due to the more effective treatment of syphilis by salvarsan and other similar preparations. There may, of course, be factors at work which are not at present appreciated; and, if so, their elucidation is highly desirable. But the best opinion appears to be—(a) that, by the more systematic use of facilities for accurate diagnosis the true nature of an appreciable number of cases hitherto erroneously regarded as examples of general paralysis has been recognized and (b) that during the past 15 years or so, there has been a considerable improvement in the early recognition and treatment of syphilis, whereby a much higher proportion of cases have been treated before the occurrence of secondary eruption.

Encephalitis Lethargica.

We have been impressed, in the course of inspections of institutions and by the perusal of literature upon the subject, with the existence of a new group of cases—largely adolescent—in which deterioration in conduct and other symptoms have followed an attack of encephalitis lethargica. In many of these cases the impairment of intelligence, as gauged by ordinary tests, is but slight. The propriety therefore of classifying and housing such patients with other types of mental disorder and defect calls for consideration, together with the problems of the permanence or temporary duration of these mental after-effects and of the extent to which they exist throughout the country.

During the years 1919–23, inclusive, the number of cases of encephalitis lethargica notified to the Public Health Authorities exceeded 4,000, and the proportion of disabling nervous and mental *sequelæ* observed in the cases that have escaped a fatal termination is known to be very high. With these facts in mind, we felt concerned to ascertain the needs of these unfortunate patients and have been in consultation with the Ministry of Health and other departments which have to deal with either the disease or its results, in order—with data obtained from mental hospitals and institutions for mental defectives—to formulate, if possible, better means for studying, treating and preventing these post-encephalitic mental conditions.

BY ORDER OF THE BOARD,

(Signed) F. J. WILLIS,
Chairman.

(Signed) O. E. DICKINSON,
Secretary.

31st July, 1924.

SUPPLEMENT TO REPORT.

SCIENTIFIC RESEARCH WORK IN MENTAL HOSPITALS IN 1923.

- I.—*Birmingham Joint Board of Research (City and University).*
Report of Progress and Work done. By Dr. T. C. GRAVES, F.R.C.S., Medical Superintendent of the Rubery Hill Mental Hospital and Hollymoor. P. 75.
- II.—*From the Cardiff City Mental Hospital.*
 - A. General Report by Dr. E. GOODALL, C.B.E., F.R.C.P., Medical Superintendent. P. 76.
 - B. Report of Investigations carried on in the Chemical Laboratory and Radiographic Department. By Dr R. V. STANFORD, Research Chemist, assisted by A. H. M. WHEATLEY, B.Sc., A.I.C. P. 78.
 - C.—(1) An Investigation into the Bacterial Content of the Alimentary and Urinary Tracts. P. 79.
(2) An Examination of the Dextrose content of the Blood in the Fasting State and in relation to the Incidence of Fits. P. 79.
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All by Dr. JAMES WALKER, D.P.H., Senior Assistant Medical Officer.
- III.—*From the West Riding Mental Hospital, Wakefield.*
Asylum Dysentery and Allied Infections (Fifth Post-War Report). By Professor J. SHAW BOLTON, F.R.C.P., Medical Superintendent, and Dr. M. J. McGRATH, D.P.M. P. 79.
- IV.—*From the Lancashire County Mental Hospital, Rainhill.*
 - A. Pellagra. By Dr. G. A. WATSON. P. 81.
 - B. Dysentery. By Dr. G. A. WATSON. P. 81.
 - C. Treatment of General Paralysis by Inoculation with Malaria. By Dr. F. M. STEWART. P. 82.
- V.—*From the Lancashire County Mental Hospital, Whittingham.*
Report of Clinical and Pathological Investigations by the Medical Officers of the Institution. By Dr. R. M. CLARK, Medical Superintendent.
 - A. Routine Laboratory Work. P. 83.
 - B. Treatment of General Paralysis :
 - (1) By Inoculation with Malaria. P. 84.
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 - C. Spirochaetes in General Paralysis. P. 87.
 - D. The Kahn and Spatz Tests in Mental Hospitals. P. 88.
- VI.—*From the Lancashire County Mental Hospital, Prestwich.*
Report of Research undertaken by Dr. DAVID ORR, Medical Superintendent, and Dr. A. CORSAR STURROCK. P. 89.
- VII.—*From the Lancashire County Mental Hospital, Winwick.*
Summary of Laboratory Work. Furnished by Dr. F. M. RODGERS, O.B.E., Medical Superintendent. P. 90.
- VIII.—*From the London County Mental Hospital, Cane Hill.*
 - A. Pellagra. By Dr. P. K. McCOWAN, M.R.C.P. P. 90.
 - B. Typhoid Carriers in Mental Hospitals. By Dr. P. K. McCOWAN, M.R.C.P. P. 90.

IX.—*From the London County Mental Hospital, Hanwell.*

The Importance of Protein Hypersensitivity in the treatment of a special group of Epileptics. By Dr. R. L. M. WALLIS, Chemical Pathologist, St. Bartholomew's Hospital, and Dr. W. D. NICOL, D.P.M., Assistant Medical Officer at Hanwell. P. 90.

X.—*From the London County Mental Hospital, Long Grove.*

Hæmo-Clasic Crisis in certain cases of the Psychoses. By Dr. F. R. MARTIN, D.P.M., Assistant Medical Officer. P. 91.

XI.—*From the Staffordshire County Mental Hospital, Stafford.*

The Production of Formaldehyde by Intestinal Bacteria. By Dr. B. H. SHAW, Medical Superintendent. P. 92.

XII.—*From the Dorset County Mental Hospital.*

Report by Dr. G. E. PEACHELL, Medical Superintendent.

A. Search for Typhoid Carriers. P. 92.

B. Urea Content in Blood and Urine of Epileptics. (By Dr. HERBERT SMITH.) P. 92.

C. Stomach Contents in Melancholics. (By Dr. W. P. GRIEVE.) P. 92.

D. Luminal Treatment in Epilepsy. P. 93.

E. Routine Investigations. P. 93.

I.—THE JOINT BOARD OF RESEARCH IN MENTAL DISEASES
(CITY AND UNIVERSITY OF BIRMINGHAM).

Report.—By Dr. T. C. GRAVES, F.R.C.S., Medical Superintendent of the Rubery Hill Mental Hospital and Hollymoor.

The Research Laboratories situated in the precincts of the Hollymoor Annexe of the Rubery Hill Mental Hospital were opened in June, 1923, by the Rt. Hon. Neville Chamberlain, M.P., and work has been in progress under the Honorary Directorship of Sir Frederick W. Mott, K.B.E., M.D., F.R.S., Dr. F. A. Pickworth being in charge as Laboratory Director.

The work carried on will in due course form the subject of a report to the Research Board.

A special grant of 400*l.* by the Board of Control was made to the Honorary Director some years ago and, by permission of the Medical Research Council, this grant was not utilized until an opportunity occurred for the application thereof to the investigation of basal metabolism in mental diseases, especially dementia præcox. A portion of this grant has been expended in the construction of a Respiration Chamber of a type similar to that used by Professor J. S. Haldane, F.R.S., and Dr. Graham, at the University of Birmingham Mines Department. Professor Haldane and Dr. Graham have kindly assisted in advising on suitable improvements for the gas analysis apparatus used for the determination of minute changes in the atmosphere of the chamber.

The Research Board have founded a scholarship valued at 250*l.* per annum for the investigation of the pathology of Mental Diseases. Mr. Dennis L. Woodhouse, M.Sc. (Birm.), who was formerly engaged in research work under Dr. Astley Cooper, in the Chemical Department of the University, has been appointed the first Scholar. The subject selected for investigation has been "an experimental investigation into the effects of hypnotic drugs upon animals, more especially in relation to their growth and basal metabolism together with observations upon the microscopical appearances of the nervous system." For this purpose as well as for other uses, an Animal House has been constructed adjacent to the Laboratory. The Bacteriological, Biochemical and Morbid Anatomy sections of the Research Laboratory have been equipped and associated with the clinical work of the Hospitals. Over 600 bacteriological examinations have been made from material supplied by clinical departments of the Hospitals. Agglutination reactions have been carried out and the Bordet Wasserman complement fixation tests are now done in the Laboratory.

Under the supervision of the Honorary Director, an investigation into the action of Tryparsamide in early General Paralysis is being made, the drug being supplied from the Rockefeller Institute through the Medical Research Council.

During the past year investigations have been instituted to ascertain along clinical and pathological lines the extent of the existence of chronic septic foci in cases of mental disorder. Considerable assistance has been obtained on the clinical side by the special radiographic, dental, gynæcological and ear, nose and throat departments which have been recently established by the Committee, and much work has been done in the Research Department Laboratories in determining the character of the infections and their correlation with morbid processes in other tissues.

In connection with the gynæcological work, special records have been made correlating the association of the catamenial periods with mental disturbances.

Therapeutic measures based upon the investigations previously described have been undertaken and surgical treatment has been carried out by the Visiting Specialists appointed by the Committee.

Recently the Birmingham Guardians have become associated with the City and University in supporting the Research Board and, on behalf of their Monyhull Colony for Mental Defectives, they have made a contribution to the funds of the Board enabling them to utilize the facilities of the Research Laboratory.

II.—FROM THE CARDIFF CITY MENTAL HOSPITAL.

A.—General Report.—By Dr. E. GOODALL, C.B.E., F.R.C.P., Medical Superintendent.

An interim Report was made to the Medical Research Council in the summer of 1923 upon work being done with the aid of a grant from the Council.

Quantitative estimations were made by micro-chemical methods of certain constituents in the blood, c.s.f. and urine (24 hours) in cases of epilepsy. In the c.s.f. there were estimated the total nitrogen, the total non-protein n., urea n., dextrose and chlorides. In the blood, non-protein n., urea n., dextrose and chlorides. In the urine, total n., ammonia n., urea n., dextrose and chlorides. The micro-chemical methods employed were modifications, introduced by Dr. Stanford, of the original methods of Folin and others.

The patients were on a standard diet. Examinations were made two hours after a fit, and in an inter-fit period. At the date of the interim Report referred to, 13 patients had been dealt with. Amongst these it was found :—

1. There is no striking difference in amount in the c.s.f., blood or urine in one or more of the chemical substances estimated, as a constant phenomenon of the "fit" or "inter-fit" phase of this kind of mental disorder. A definite statement has been made by G. Laures and E. Gascard in "*La Presse Médicale*" (for June, 1920), that the c.s.f. in epilepsy shows a consistently higher urea content per unit volume during the fit stage than during the quiescent period. No evidence in support of this statement has been found in the figures given by the analysis of this substance in our series of cases.

2. Variations from the normal :—

Cerebro-Spinal Fluid.—The total nitrogen tends to be slightly higher than normal, half the cases showing a figure of 25 mg. per cent. and upwards, with a maximum of 37 mg. per cent. The dextrose figure is higher than that published as normal, in all the cases except three.

The chlorides are remarkably constant, no estimation varying from another by more than 0·05 per cent., whether it be in the "fit" or "inter-fit" stage. The figure is invariably higher than that for the blood.

Blood.—The non-protein nitrogen figure is higher than normal on 20 occasions out of 29 estimations; the maximum figure being 56 mg. per cent.

The urea nitrogen figure is higher than normal; if we accept Folin's figure of 11·5 mg. per cent., this is so in 25 out of 29 estimations, the maximum figure being 22 mg.

The dextrose figure is on the high side in all estimations, except four, out of 29. The maximum reading is 0·180 mg. per cent.

Chlorides constant, and always lower than the c.s.f.

Urine.—Does not appear to show any noticeable deviations from the normal. The only comment that may be made is that, like the blood, the dextrose is sometimes higher than normal. Out of 26 estimations, the urinary sugar was higher than normal on 10 occasions, the maximum reading being 0·286 per cent.

The chloride output was normal, there being no evidence of retention of this salt.

Following upon the above observations, the glucose tolerance of 16 cases of epilepsy was estimated by the same methods.

The blood, c.s.f., and urine were examined, the normal amount of dextrose for the individual being first carefully ascertained, and the amount present after giving dextrose by the mouth was ascertained at intervals after ingestion.

These results will be the subject of a further communication to the Medical Research Council, as, also, the results of glucose and urea tolerance tests in 17 cases of dementia paralytica.

The question of the specificity of anti-substances, produced in animal-blood by inoculation of animals with blood and cerebro-spinal fluid from cases exemplifying types of mental disorder, was carried to a conclusion, and definitely showed that there was no such specificity as would help us in diagnosis. These results (Dr. Scholberg, Dr. Cameron and myself) were published in the "Journal of Mental Science," October, 1923.

We (Drs. Scholberg, Cameron and Goodall) also inquired into the toxicity of the serum and corpuscles of the blood of cases illustrating all the main clinical varieties of insanity—as shown by animal inoculation—with control observations. It emerged that deaths and losses of weight occurring in these animals were not due to any toxic cause. These results appear in the same publication.

Connected with the above was the more limited inquiry into the production of specific anti-substances by the injection into animals of the serum, whole red blood corpuscles, or stroma of such, from cases recently received of acute mental disorder. The argument was that, if these acute and recent states had been produced by an unknown toxin, such would have produced anti-bodies in the patient's blood, which, in turn, might be expected to evoke anti-substances when injected into animals. It was found, however, that such anti-substances as were produced were not specific, but reacted as much with a control's blood as with that of the patient from whom the injections were made. The anti-bodies looked for were precipitin, hæmolysin and hæmagglutinin; there is room for further research as to complement-fixation.

The original study of Drs. Stanford, Robert Knox and Goodall, of the passage of a barium sulphate meal in 10 cases of dementia præcox, which was published in the "Journal of Mental Science," of January, 1922, has been extended to embrace 24 other cases of different forms of insanity. Our results are published in the *British Journal of Radiology* for February, 1924. They confirm the conditions of stasis, ptosis and spasticity described in the previous cases.

B.—REPORT OF THE INVESTIGATIONS CARRIED ON IN THE CHEMICAL LABORATORY AND RADIOGRAPHIC DEPARTMENT. By Dr. R. V. STANFORD, Research Chemist, assisted by A. H. M. WHEATLEY, B.Sc., A.I.C.

Chemical Department.—The work mentioned in last year's Report has been continued during most of the year.

Two new ideas were worked out. The addition to the improved dilution calorimeter of a mechanical stirring device completed the instrument, and made it not only more accurate, but also more convenient than other calorimeters.

The estimation of the reducing substances in blood or cerebro-spinal fluid (so-called "blood sugar"), has attracted much attention in recent years, and many methods have been described or are in use. I felt it to be necessary to put this matter on a basis of fact, and we worked out a method which is easy to use as a routine, and gives concordant, and, as far as it is possible to ascertain, accurate results. A paper describing it appeared in the *Biochemical Journal*, February, 1924. Three other papers dealing with work referred to in last year's Report were published in the same journal in 1923.

The elaboration of rapid and accurate methods for the estimation of many constituents of cerebro-spinal fluid and of blood, rendered feasible by the developments recorded above, made it possible also to undertake a very large number of analyses of cerebro-spinal fluid and of blood intended to resolve some problems of the physician. The medical significance of the results so obtained, I leave to be dealt with by my colleagues, and confine myself to stating the results themselves. The work falls into three groups:

(1) *Epilepsy in the period just after a Fit, and in between Fits.*—A number of constituents of the cerebro-spinal fluid and of the blood were estimated, seventeen patients being dealt with in each phase.

The results comprise, therefore, many hundreds of analytical figures. These I have subjected to a careful mathematical analysis, the results of which were expressed in charts. A study of the charts does not show any regularity worthy of mention. In no case was there any differentiation possible between "fit" and "inter-fit."

(2) *Glucose-tolerance tests in Epilepsy.*—These tests were carried out on fifteen patients. The "fasting" glucose was estimated, then a quantity of glucose was ingested by the patient, and then the dextrose content of the blood and of the cerebro-spinal fluid was determined at short intervals up to three hours from the beginning. The results were plotted on curves, which are very irregular and do not permit of more than general statements. After the ingestion of sugar, the blood figure rises rapidly to a maximum in 20–50 minutes, falling again to fasting value in $1\frac{1}{2}$ or 2 hours. After a further hour the content is almost always sub-normal.

In the cerebrospinal fluid the figures rose very slowly and slightly in almost every case.

(3) *Urea and Dextrose in cases of General Paralysis.*—These results were obtained by examination of the cerebro-spinal fluid and of the blood, firstly, in the fasting condition and then after ingestion of glucose and urea, the samples being obtained at about 6 intervals up to 6 hours. The curves plotted from the analytical figures are very irregular in both cases and do not permit any general conclusions to be drawn.

Radiographic Department.—The work mentioned in last year's Report in collaboration with Dr. Robert Knox has been continued, and some of the more interesting points have been published in the *Journal of Radiology*, February, 1924.

The new radiographic department has now been completed, and gives adequate facilities for routine work and research. I have expended a good deal of thought on the application to mental patients of modern X-ray developments, and have met with difficulties, more particularly

because of the desirability of working in daylight. For obvious reasons it is undesirable to X-ray insane patients in the dark. The difficulties chiefly concern the accurate centring of the X-ray tube when certain parts of the body have to be dealt with, and when a restless patient may demand very quick working. These troubles appear to be overcome by devices which we have lately perfected.

C.—INVESTIGATIONS BY DR. JAMES WALKER, Senior Ass. Med. Officer.

(1.) *An Investigation into the Bacterial Content of the Alimentary and Urinary Tracts.*

The work of this investigation has been continued from last year; and, in addition, the therapeutic effect of systematic high lavage of the colon, in relation to both the mental and physical condition of each patient, has been observed. In a few cases it has been possible to correlate the above evidence of intestinal toxæmia with that of alimentary stasis as demonstrated by a radiological examination.

During the year 20 cases of acute mental disturbance have been studied every week until discharge from hospital, when this has occurred. Cases were specially selected which, from experience and the nature of the mental disorder, were unlikely to respond to the usual means of treatment in a reasonable time. Eleven of these patients have been discharged recovered and two were discharged into the care of relatives much improved.

This investigation has afforded valuable information, enabling the treatment to be modified to the patients' advantage. There is evidence that the condition of the alimentary tract in cases of acute mental disorder is far from healthy.

(2.) *An Examination of the Dextrose Content of the Blood in the Fasting State and in relation to the Incidence of Fits.*

Twelve cases of epilepsy have been investigated on 10 occasions, each at intervals of 3 or 4 days. The fasting blood-dextrose is within normal limits of health. There is a tendency for the blood-dextrose to rise for some time prior to a convulsion and to remain elevated for some time afterwards, but still remaining within normal limits.

(3.) *A Case of Acute Dysentery.*

An interesting case of dysentery occurred during the year in one of the female patients (M.F.), in whom a complete bacteriological examination was made. The blood culture was negative. A "Flexner Y" bacillus was isolated from the stools. Dr. Gardner performed the serological examination in the Standards Laboratory, Oxford. The initial attack was recovered from, but a relapse proved fatal. A post-mortem examination showed extensive inflammation and ulceration of the colon, and thus confirmed the previous bacteriological findings.

(4.) *Publications during 1923.*

"The significance of urea in Dementia præcox." *Journal of Mental Science*, July 1923.

"The Reaction of the urine in 120 cases of mental disorder." *Journal of Mental Science*, July 1923.

III.—WEST RIDING MENTAL HOSPITAL, WAKEFIELD.

Asylum Dysentery and Allied Infections (Fifth Post-War Report).

By Professor J. SHAW BOLTON, F.R.C.P., and Dr. M. J. McGRATH, D.P.M.

Introduction.—Since our last report we have completed our study of the duration of agglutinations produced by experimental inoculations.

The net result of our experiments proves that, whilst differences occur in the case of the various bacterial emulsions we have employed as regards the titre and the duration of the reaction, much greater differences exist which can only be caused by the individual characteristics of the animals concerned. In other words, we are satisfied that agglutination indicates a vital reaction in the part of the subject and not merely a chemical one, and that its titre and its duration depend more on the idiosyncrasy of the animal than on either the dose or the nature of the bacterial emulsion.

At the same time, it is evident that a Flexner animal agglutinates more easily than the others, develops a very high titre, takes a maximum dose without dying, and keeps up a moderate titre for months after the injections have been stopped.

A typhosus animal, on the other hand, agglutinates to a lower titre, which is at its highest after the last injection the animal will bear and becomes negative within, say, three months.

A paratyphosus-B animal agglutinates, as regards mode, like a typhosus, but as regards titre like a Flexner. It tends to keep up a moderate titre longer than a typhosus though not so long as a Flexner. Such have died like a typhosus when injections were pushed too far, thus differing from the Flexner.

We would remark that these results agree in character with the clinical data we have acquired.

As regards the clinical aspect, during the year, in spite of the most energetic measures including the systematic examination of blood and excreta and the systematic culture of scrapings at all post-mortem examinations, in not a single instance has a bacillus of the groups under consideration been isolated. At the same time, we have remarked a noteworthy decrease in the incidence of such less pathogenic organisms as Morgan I, bacillus *fæcalis alkaligenes*, etc. In one instance, E. H., a male admitted 4th January 1911, aged 37, and died 19th March 1923, from gangrene of the lung, marked chronic thickening of the lower part of the large intestine was found, together with destruction of mucosa. Similar but less marked chronic changes were visible in the small intestine. Bacteriological examination for bacilli of the dysentery and typhosus groups was negative. During the usual systematic examination of cases in the isolation wards, negative Widal's were obtained from this patient on 10th November 1919, 7th December 1921, and 16th November 1922, and bacteriological examination of *fæces* on 6th March 1923, and 12th March 1923, was negative. Further, there is no entry on the "dysentery" record of the patient ever having suffered from diarrhoea or dysentery. It is thus clear that the post-mortem appearances were the incurable result of some infection which had occurred long prior to death and from which the patient had long recovered.

We are satisfied, therefore, that the institution is now free from infection by the dysentery and typhoid groups and that this freedom is not due to a temporary lowering of the pathogenicity of these organisms, but is a real freedom consequent on our intensive study and our systematic clinico-bacteriological methods.

General.—We shall now refer very briefly to our methods of investigation and their more important results.

Being aware that many presumably or really normal individuals may give a titre in a Widal test which approximates to or even exceeds that in a developed case of the particular disease, it was necessary to fix an arbitrary standard which, whilst it included the presumably normal, did not miss any cases of reaction to infection. After numerous experiments with living and dead emulsions and after an experience of many thousands of tests, we are absolutely satisfied that the safe arbitrary standard is a 1/50 and 1/100 titre repeated successfully at least once. We mention 1/50 and 1/100, as both are necessary to guard against error due to contamination or accident. Whilst this standard includes a number of

cases which may be normal, we are certain that it does not exclude any cases of reaction to infection.

It is necessary here to remark that an agglutination test is regarded by us as a preliminary safeguard and as an indication of the need for culture tests and not as a replacement of these.

We apply this test to all new admissions and to all new entrants to the staff, as well as to the wards generally when infection is suspected.

We have shown that, in the case of the typhoid group, a positive agglutination means a present or relatively recent attack of the disease. On the other hand, in the case of the dysentery group, whenever one or more cases are found, numerous contacts also give agglutinations; whilst, when a group of patients is free from the disease, no agglutination is found amongst them.

Neither the titre nor the duration of agglutination in an individual is indicative of actual active infection, since agglutination may be produced by inoculation with dead bacterial emulsion and the resulting capability will continue for some varying period according to his idiosyncrasy. It is, however, necessary that all cases which continue to agglutinate in consequence of an infection, and not after an inoculation, should be regarded as potentially if not actually dangerous so long as they give the reaction.

Cultural bacteriological examination demonstrates that certain persons are more prone than others to acquire these intestinal infections. Occasionally an individual on a later occasion is found to suffer from a different infection. In other instances, a mixed infection exists in an individual. Further, from a general point of view, the less pathogenic organisms are more prevalent when the more severe are epidemic and their incidence falls when the latter become sporadic or disappear.

IV.—FROM THE LANCASHIRE COUNTY MENTAL HOSPITAL, RAINHILL.

A.—*Pellagra*. By Dr. G. A. WATSON.

In continuation of my previous reports on this subject, I have to record that two cases occurred during 1923; one in a male, and the other in a female, aged 52 and 42 respectively. Both patients were recent admissions, and the mental condition was diagnosed as confusion in the male case and melancholia in the female. In each, a typical pellagrous dermatitis with pigmentation developed shortly after admission, affecting the hands and face and, in the case of the male, also the neck and front of the legs. Both patients had marked nervous symptoms and the female had severe diarrhoea and indicanuria. The condition was somewhat acute in both instances, and proved fatal in the course of a few weeks. It may be of interest to note that the female, the year previously, was said to have been treated for Addison's disease, but no sign of this was present on admission.

A post-mortem examination was obtained in the case of the male only; and a microscopical examination of the nervous system showed lesions similar to those described in the series of cases previously reported, including well-marked central neuritis.

These two cases bring the total number of cases of Pellagra which have been observed in this mental hospital up to 53, since the condition was first diagnosed in the year 1913.

B.—*Dysentery*. By Dr. G. A. WATSON.

A smaller number of cases of dysentery occurred up to December 31st than for many years past; these were met with sporadically, were mostly of a mild type, and for the first time for over 20 years, no deaths were attributable to the disease.

As usual, the stools of all patients suffering from diarrhoea were examined both microscopically and bacteriologically. The total number of cases diagnosed by laboratory tests as suffering from dysentery was 20, viz., 13 males and 7 females. Of these, in 2 males and one female, vegetable

forms of *entamoeba histolytica* were found; the Flexner Y strain of *B dysenteriae* in 8 males and 5 females, and the Flexner-Strong in 3 males and one female. In addition to these, there were 10 cases, 2 males and 8 females, diagnosed as suffering from "colitis," in which blood or pus or both were present but no pathogenic organism was detected. In one female the diarrhoea was found to be tuberculous in origin.

In 43 cases of simple diarrhoea, pus and blood were either absent or proved to have occurred from some source such as hæmorrhoids.

Stools were also examined in 146 cases—mostly patients who had suffered from an attack of dysentery in previous years—with the object of endeavouring to detect carriers of the disease. In one of these—the female referred to above as having suffered from amœbic dysentery—cysts of *E histolytica*, were found, but no carrier of bacillary dysentery was discovered.

Cultures have repeatedly been made from the sweepings of the floor and walls of the sick room and side rooms where patients suffering from dysentery were warded. None of the dysentery group of bacilli have so far been obtained from this source, the only organisms cultured being *B coli*, *B fæcalis* and various strains of cocci.

C.—*Treatment of General Paralysis by Inoculation with Malaria.*

By Dr. F. M. STEWART.

A number of cases of general paralysis and one of neuro-syphilis have been treated by inoculation with malarial parasites of the benign tertian type. In 27 of the cases of general paralysis and in the case of neuro-syphilis sufficient time has now elapsed for a pronouncement to be made concerning the results of the treatment.

In all cases the clinical diagnosis was confirmed by examination of the c.s.f., the ordinary laboratory tests being applied. No anti-syphilitic drugs were administered in conjunction with or following on the malarial treatment. Inoculation was carried out by the subcutaneous injection of $\frac{1}{2}$ c.c. of blood taken from a patient undergoing fevers. In the first place, patients were inoculated at Whittingham Mental Hospital where patients were already under treatment. In a few cases inoculation was carried out by mosquitoes which had at a previous date been infected by feeding on a patient undergoing fevers. This was carried out by Professor Warrington Yorke of the Liverpool School of Tropical Medicine. All cases were seen at intervals by Professor Yorke and bloods were examined in his laboratory at weekly intervals after inoculation, in addition to frequent examinations carried out in the laboratory here.

The inoculation period varied from 9 to 21 days, the average and the prevalent period being 17 days. The number of rigors varied from 6 to 12, as in a number of cases they ceased spontaneously, i.e., without treatment. The average temperature recorded was 103·5. In all cases, at the termination of fevers or after 10–12 fevers, quinine sulphate was administered 10 grs. t.i.d. for 4 days. Examination of blood was carried out, and temperature recorded for at least 4 weeks after the administration of quinine. In no case did any grave symptoms arise. Temperature occasionally rose high, in one case to 107·2°, but this was easily controlled by sponging. Sponging was not resorted to unless temperature rose above 105°.

In cases treated there has been generally a distinct improvement noticeable in the physical condition, of varying degree. In no case has there been recovery of pupillary or patellar reflexes where these were absent on admission. In a number of cases which were admitted at a comparatively early stage of the disease there has been a marked improvement in the mental state, the throwing off of grandiose ideas and the acquisition of insight and a rational state of mind. These changes may be attributed to the malarial infection is so far as they occurred soon after, or in some cases before, the termination of fevers, the coincidence of a number of ordinary remissions answering to this being improbable.

Four cases have been discharged "recovered" after a month's trial. In one case the period of trial was extended over a second month and in another over a third month. Both these cases when finally discharged, were maintaining their improvement, and were at work. In cases discharged, the c.s.f. was re-examined some time after the treatment. The only change recorded was a fully controlled Gold Sol reading in one case, viz., before treatment 4,444,100,000, after treatment 1,124,311,000. One case has recently been sent out on trial. Three others have improved physically and mentally, but not sufficiently for discharge, though two of these are likely to go out on trial at an early date. One case of meningo-vascular syphilis having undergone the treatment is much improved, and is now out on trial.

The remaining cases are all of an advanced or "chronic" type, and of these only two show improved physique after treatment, there being no notable change in their mental state. One patient admitted in a very poor condition and considered permanently bedridden, was inoculated 6 weeks after admission. Following on fevers, he improved greatly in physique, becoming active and strong, and doing a fair amount of ward work. This improvement has now been maintained for 5 months, though his mental state is not altered. Another patient, an inmate for two years, was transferred to the infirmary ward owing to advanced physical impairment. After undergoing the treatment there he was much improved physically, got rid of his grosser delusions, and was able to return to a worker's ward. He maintained this improvement for three months, but has recently relapsed, physically and mentally.

Seven patients died whilst undergoing treatment; these were all very advanced and debilitated cases, and four of them died without having developed rigors or shown parasites in blood. It is not proposed in future to attempt the treatment in such advanced cases. In this series of cases, in which there are five female patients, there was no indication that sex affected the response to treatment. The prospects of improvement appear to depend on early treatment, the most favourable cases being those with less marked physical signs of general paralysis.

Treatment is still being carried out in a number of cases not recorded here, and an endeavour is being made to preserve the strain of malarial parasites. From the ease with which fevers are controlled and terminated, there appears to be justification for inoculating even fairly advanced and debilitated patients, and the remissions occurring in less advanced cases are encouraging.

Summary of cases.—Discharged recovered, 4; on trial, 1; improved physically and mentally, but not sufficiently for discharge, 3; meningo-vascular syphilis—not G.P., on trial, 1; advanced cases much improved physically, but not changed mentally, 2; advanced case—improvement for three months followed by relapse, 1; chronic cases in good physical condition, no change, 4; advanced progressing cases, no change, 4; advance juvenile G.P., no change, 1; died, advanced and debilitated cases, 7.

V.—FROM THE LANCASHIRE COUNTY MENTAL HOSPITAL, WHITTINGHAM.

Clinical and Pathological Investigations by the Medical Officers of the Institution.

A.—Routine Laboratory Work.

The following summarizes the routine work carried out in the laboratory during the period under review :—

Urines examined, 1,932; bacteriological examination of fæces, 178; bacteriological examination of urine, 180; bacteriological examination of throat swabs, 60; bacteriological and chemical examination of sputa, 130; agglutination reactions, 52; cerebro-spinal fluids examined, 350; tissue diagnosis, 40; sugar estimations of blood and c.s.f., 108; non-protein nitrogen estimations of blood, 12;

urea concentration tests, 12; diastase content in urine, 30; live function test Van Den Bergh, 12; blood films stained and examined, 5,420.

The large number of blood films examined is accounted for by the observations made on cases of inoculated malaria and relapsing fever.

Work in the laboratory is changing. Improvements in microscope illumination have been introduced, and better and simpler methods for dark-ground illumination have brought dark-field work into almost daily use. A Kober Nephelometer-calorimeter has been added to our equipment, and estimations of the chemical constituents of blood and cerebro-spinal fluid are now numerous and form an integral part of the daily routine work; and this department, besides stimulating research in the field of chemical pathology, is every day becoming more important as an aid to diagnosis and treatment in this hospital.

The cerebro-spinal fluid and the researches into its pathology continue to figure as a very important feature of the work done in this laboratory, and during the past three years, no fewer than 1,362 fluids have been investigated.

Routine liquor examinations comprise the following tests: the colloidal gold reaction of Lange, the colloidal gamboge reaction of Riddel and Stewart, estimations of the cell, protein and sugar contents, and the Kahn precipitation test. Full bacteriological examinations are carried out in selected cases.

In this hospital great reliance has always been placed on the colloidal gold test, but the difficulty of preparing a standard gold solution has always been recognized; and, for this reason, it is our practice, before considering a new colloidal gold solution reliable, to test it against a known normal and unknown g.p.i. fluid. The gold solutions in use here have always been prepared according to the method of Miller, Brush, Hammers and Felton, but recently the method devised by Mellanby and Davies, in which only neutral substances are used, has been employed in addition for the purpose of comparing the two methods of preparation and the results obtained from the two gold solutions. Experience and care are required to make a reliable gold solution even with the Mellanby method, but we have found the Mellanby gold solution much easier to prepare than the above-mentioned Miller gold solution, and the former may be made with ordinary tap water doubly distilled instead of spring water triply distilled for the Miller gold solution. A series of c.s.fs. have been tested with both solutions and the precipitation curves charted; the number tested is as yet insufficient to justify conclusions; but, so far, remarkably consistent results have been obtained, the curves with both solutions being almost identical.

B.—The Treatment of General Paralysis of the Insane.

1. By Inoculation with Malaria.

This method, begun in July 1922, continues. The number of patients treated has now reached a total of 69, and the results obtained have been considered very satisfactory. In the early days patients were inoculated with Quartan, Malignant Tertian and with different strains of Benign Tertian, and from the latter a strain was selected which was considered most suitable for our purpose and has been used in all cases with the exception of the first eight. The strain which we have named "W" is now in use in a number of other hospitals and has passed through many hosts and the stem is still unbroken. The "W" strain has given from the first reasonably high temperatures, a moderate degree of anæmia, no undue splenic enlargements, no local disturbances at the seat of inoculation; it has neither clinically nor in the films exhibited any indications of a mixed infection, but remains pure simple tertian. It responds readily to quinine; two relapses only have occurred in our series, and jaundice as a complication is exceedingly uncommon. We are unable to say

definitely whether or not the virulence of "W" strain has changed in its passage through so many vertebrate hosts.

The inoculation methods employed have been: (a) Subcutaneous injection of malaria-infested blood; (b) the same, but with citrated blood; (c) intravenous injection of malaria-infested blood; (d) bite of malaria-infested mosquito. When the recipient can be brought to the bedside of the donor, the first method is preferred. The second method is used when recipient and donor cannot be brought together. By this method inoculation has been successful with blood conveyed *in vitro* at about body temperature in a thermos flask up to seven hours after withdrawal of blood. In this way a patient was successfully inoculated in Edinburgh with blood sent by rail from Whittingham. Similar methods failed with blood sent to Aberdeen and Belfast. The third method provides insignificant advantages, and should not be used. The fourth method is invaluable when inoculation of a non-syphilitic from a general paralytic is desired, or when donor and recipient are at a considerable distance from each other. By this means successful inoculation was accomplished at Belfast with mosquitoes fed at Whittingham, and in this hospital cases of primary dementia, chronic melancholia and tabes dorsalis were infected in this way.

The patient undergoing treatment is confined to bed for a period of 80 days. For a week prior to inoculation his mental condition is closely studied and noted, full neurological and general examinations are made, and the usual blood and spinal fluid tests carried out. He remains in bed for his fever cure and until the last dose of salvarsan has been administered. During this period blood films are examined twice daily in order to determine the appearance, proliferation and disappearance of the infecting plasmodium. In this way ambulatory cases and parasitic relapses are checked and controlled, and the possibility of these cases being a potential source of infection to the mosquito and general population is prevented. In this connection the greater facility with which inoculated malaria is mosquito-borne as compared with ordinary malaria should be remembered.

In order to ensure that a subject is parasitic-free, a provocative injection of 2 c.c. to 3 c.c. of phlogetan is given subcutaneously, and any pronounced febrile reaction strongly suggests the reappearance of the parasites in the peripheral blood-stream. Blood films are taken hourly during the febrile stage and examined for the presence of gametes or schizonts.

General paralytics seem to stand malaria well, and the high temperatures do not seem to inconvenience them. The number of paroxysms allowed was usually eight to twelve, but the latter have been exceeded, and the number permitted is best determined individually by carefully watching the physical state of the patient. Whenever the slightest sign of intolerance occurs, quinine should be given at once and the fever terminated. Jaundice is an indication for the immediate exhibition of quinine. It is well to err on the safe side, for inoculation can be repeated later when the physical state of the patient has improved. One attack of malaria does not protect against another, for we have often induced a second attack by inoculation six months after the first attack of malaria had subsided. It was noted, however, that second inoculations gave milder attacks of malaria and showed a greater tendency to spontaneous recovery. The course of neo salvarsan given consisted of intravenous injections once a week for six weeks, commencing with 0.3 grm. and working up to 0.6 grm.

This form of treatment has been the subject of three reports:—

- (i) *The Treatment of General Paralysis by Malaria.* (A. R. GRANT, *British Medical Journal*, October 20th, 1923.)

This was a preliminary report on 40 cases. It was claimed that nearly every patient had benefited from inoculation. Attention was drawn to several cases where a very marked physical improvement had occurred. Comment was made on the different ways authorities explain the influence of malaria on the course of general paralysis.

(ii) *Malaria Therapy in General Paralysis.* (A. R. GRANT and J. D. SILVERSTON, *Journal of Mental Science*, Vol. LXX., No. 288.)

In this article observations on 50 cases were made, and it was noted that seven patients had made an apparently complete remission and had been discharged; that 33 patients had remained stationary or were showing a partial remission, and that seven patients had died.

A synopsis of the incubation period, duration of the fever, etc., in each case, was presented in tabular form.

The main conclusions arrived at were :—

(a) Malaria therapy in general paralysis is justified, the technique is simple, and the artificial fever is easily, promptly and effectively controlled by the administration of quinine. Malaria relapses are rare.

(b) Early cases offer the most hopeful prognosis.

(c) Complete remissions occur in all clinical types of the disease, and are more pronounced and more frequent than those met in the untreated cases.

(d) Equally good results followed malaria treatment without additional treatment with salvarsan.

(e) Definite improvement, both mental and physical, has been obtained in advanced cases.

(iii) *Malaria Therapy in General Paralysis of the Insane: Preliminary Report on the examination of blood and cerebro-spinal fluid in 40 cases.* (A. R. GRANT and J. D. SILVERSTON, *Lancet*, No. 5246, Vol. cc. VI.)

In this article a detailed comparison of the various tests performed on the blood and c.s.f. before and after treatment was made in tabular form.

Comparisons were made between the cases where the patient had been given neo-salvarsan and where they had not. It was pointed out that a diminished lymphocytosis and a lower globulin content of the c.s.f. and a change in the blood Wassermann were the first changes to be noted. Attention was drawn to the fact that in every case some alteration in the blood or c.s.f. had been found.

Of the seven discharged recovered, six have recently written us giving good accounts of themselves. They have returned to their homes and have been well for varying periods up to 10 months. Three state that they are in their usual health and following their usual occupations, and their wage-earning capacity does not appear to have altered. The fourth is fit and well, but unable to follow his employment on account of hernia. The fifth is well, but unable to find employment on account of trade depression. Another, aged 54, is unable to follow his work as a cartwright, as he is feeble.

2. *By Inoculation with Relapsing Fever.*

Relapsing fever as a curative agent in paresis has been tried as far back as 1921, when several Continental observers favourably commented on it. The close similarity between the two diseases in the causal agents and blood-serum reactions strongly commends the theory that the induction of a spirochætal fever in general paralysis might lead to the production of immune and anti-bodies in sufficient amount as to effect an amelioration in the symptoms if not a complete arrest in the progress of this deadly malady.

Two methods of inoculation have been tried :—

(a) By means of infected ticks (*Ornithodoros Moubata*), and

(b) By subcutaneous injection of rat's blood containing the spirochæte recurrentis.

In June 1923, three cases of general paralysis were treated here by the first method. The infected ticks had been sent from Rhodesia, where they had been allowed to feed on patients suffering from recurrent fever.

Some were capable of transmitting the disease, as one of our cases developed a mild form of the fever characterized by one paroxysm lasting five to six days, one relapse and a spontaneous cure.

Spirochætes (*S. Duttoni*) were found in the circulating blood, using the dark-field illumination during the initial paroxysm and the relapse. An opportunity was thus afforded for the study of the morphology and general characteristics of the spirochæte as well as its relationship to the pyrexial and apyrexial phases of the fever.

A full account of the observations made and conclusions arrived at formed the subject-matter of a paper published in the medical press, *vide* "Relapsing Fever Therapy in General Paralysis: Clinical Notes on a case of Paresis treated with African Tick Fever," by Dr. J. D. Silverston, *Journal of Mental Science*, vol. LXX., No. 288.

Induction of the fever by the subcutaneous inoculation of rat's blood containing the *S. Recurrentis* was tried on a chronic case of tabes dorsalis, with negative spinal fluid and blood findings. After an incubation period of eight days patient had a rigor characterized by shivering, during which temperature rose to 105° F. The temperature, with the constitutional symptoms of fever, subsided within 12 hours to normal, and a spontaneous cure has since been noted. The spirochætes were found in the films preceding and during the rigor, but disappeared on the day following the termination of the fever. Subsequent examinations have failed to demonstrate the spirochæte, and with the continued absence of fever it may be reasonably argued that a spontaneous cure has resulted.

Conclusions cannot as yet be made as to the value of this form of fever therapy in general paralysis of the insane, as the greatest difficulty seems to be experienced in the artificial production of this fever for a long enough period to warrant a hopeful prognosis.

3. By Tryparsamide.

The Rockefeller Institute released in December a quantity of this drug for distribution to selected hospitals for clinical investigation and report, and through the kindness of the Medical Research Council, we were permitted to investigate its value.

Loewenhardt, Lorenz, Blackwenn and Hodges have reported since 1920 remarkable results with this drug in neurosyphilis, especially in general paresis, in which disease noteworthy improvement is claimed to occur in the serology of the cerebro-spinal fluid.

Dr. Silverston commenced this treatment in December in a series of 10 cases of general paralysis, and included in this series are three paretics who have passed through a course of malaria treatment. We are watching with interest whether this combined form of therapy will produce better and more stable results than by the exhibition of the drug alone. Already interesting data have been noted, but it is yet too soon to place any reliance on the results obtained.

C.—*Spirochætes in General Paralysis.*

The systematic search for spirochætes in the brains of general paralytics continues and during the past year twenty-two brains have been examined. Included in the series are the brains of two cases of juvenile paresis and one senile parietic, aged 73. The silver stains of Tribondeau and Jahnke have been exclusively used and our results have been very encouraging. In the twenty-two brains examined by these methods, spirochætes have been found in no fewer than 63 per cent. of the series. Occasionally cases presented themselves where, after the Tribondeau stain failed to yield a positive result in the macerated specimens, the Jahnke tissue stain revealed the presence of the spirochætes in plenty.

Spirochætes may be found in practically any region of the brain, but the site of predilection seems to be the cortex of the anterior parts of the frontal lobes. In our series we have found spirochætes also in the motor areas, superior and inferior parietal lobes, supramarginal and angular

gyri, the island of Reil, the temporal and occipital lobes. Again, latterly we have been successful in locating the spirochæte in the choroid plexus, thalamus, corpora quadrigemina, grey matter of the cerebral aqueduct, pons and cerebellum.

We have as yet failed to demonstrate the spirochæte in the white matter and pia mater of the brain, but we have been compensated for this failure by our discovery of the organisms in the supra-renal bodies and the aorta. Spirochætosis of the supra-renal body in adult general paralysis is rare, and we believe this to be the first case in which the spirochætes have ever been found. The case is at present being fully investigated, and the results will be published in due course.

This unusual site of the organism in general paralysis and its discovery last year in the c.s.f. of a case of juvenile paresis have prompted us to extend our search to other organs and to continue this line of research in the cerebro-spinal fluids. This year, fluids obtained by lumbar and cisternal puncture from 12 general paralytics and 2 tabetics, have been examined by (a) dark ground illumination, (b) smears stained by Tribondeau method after centrifuging on to Agar, (c) Alzheimer method using Jahnke stain and (d) Whartin Starry method, but success similar to that reported by the latter has not been obtained, for all methods have given constantly negative results.

D.—*The Kahn Test and Spatz Test in Mental Hospitals.*

By Dr. J. S. DUDGEON.

We have tested 26 brains by Spatz's method, and obtained definitely positive results in 11 cases of g.p.i. These cases had been diagnosed during life, and gave all the typical post-mortem findings. All the other cases were negative. This is a very simple chemical test, and depends on the presence of iron-containing pigment in and around the walls of the vessels in the gray matter of the cerebral cortex. It has been described in two conditions only, general paralysis and trypanosomiasis. In this country, as the latter may be disregarded, it is a useful chemical test for g.p.i. and may be carried out at the time of the post-mortem examination.

The following is the technique. A thin slice is cut from the fresh brain (frontal or occipital) and placed for 15 minutes in a dish containing concentrated ammonium hydrosulphide. A discoloration appears in the lower layers of the cortex, and in general paralysis there are, in addition, fine black streaks and dots distributed through the cortex; these are due to the staining of the iron in the walls of the cortical vessels.

Although this may be seen by the naked eye, it is more fully appreciated when a pocket lens is used.

A microscopic section of a paralytic cortex thus treated shows a deposit of black iron pigment along the vessels. This pigment is distributed in clumps here and there along the line of the vessel and appears to be in the wall and perivascular spaces.

In an endeavour to find a simple and reliable serological test which might substitute the Wasserman reaction for syphilis in the routine examination of patients in mental hospitals, we have carried out the precipitation test as described by Kahn on the bloods and spinal fluids of mental hospital inmates. As a Wasserman test is not always convenient, it would be a considerable advantage to have a reliable substitute which could be performed at once in any laboratory, and so, with this object in view, we followed Kahn's method.

The reaction differs from other precipitation tests as follows :—

(1) The antigen has a higher antigenic content, being the alcoholic extract of dried heart muscle, from which all fat and other non-specific substances have been extracted by ether.

(2) The serum is employed in an undiluted form, consequently a more rapid action is obtained.

(3) The antigen is diluted for the test with approximately the smallest amount of saline which will hold it in solution, thus rendering it susceptible to precipitation when mixed with positive serum.

(4) The antigen and serum are employed in a relationship which will give a maximum precipitation.

Of 150 tests done, 100 were on blood serum and 50 on spinal fluid, and of these 105 were positive and 45 negative.

The technique in the serum tests was exactly that described by Kahn, using cholestrinised and non-cholestrinised antigens and an agreement of 89 per cent. was obtained with the Wasserman test. As the disagreement was mostly due to cases of general paralysis giving a negative Kahn test against a positive—or in most cases weakly positive—Wasserman, it would seem that in cases of parasyphilis the Kahn reaction is not so sensitive as the Wasserman test. Although Kahn described his test for serum only, we decided to try his technique in testing spinal fluids and 50 tests were carried out of which 35 were positive.

Owing to the very much weaker precipitating properties of spinal fluid, it was found necessary to use larger quantities than in the case of serum. Whereas in the latter only 0·3 c.c. is used for each test, we had to use at least 1 c.c. of spinal fluid. In each case the fluid was inactivated for 30 minutes at 56 C. and the test carried out as for serum except for the larger quantities of fluid required.

An agreement of 78 per cent. was obtained with the Wasserman and, as in the case of serum, the disagreement was largely due to the greater sensitivity of the Wasserman in g.p.i.

The advantages claimed for the Kahn test are :—

- (1) The simplicity of the technique.
- (2) The short period of incubation required before taking the reading.

In each case the tubes were left in the incubator over night, though strongly positive reactions showed a precipitate in a few hours.

Precipitations, when present, are visible to the naked eye. In spinal fluid tests the reaction appeared to be less sensitive, a longer incubation period was required before the final reading was made, and the precipitations were not so definite as those in serum.

From the results obtained, it is evident that the Kahn test cannot be used to replace the Wasserman, at least in late syphilis; but, owing to its simplicity, it is a valuable test, and it seems to us that, by its routine use, cases of latent or suspected syphilis may be detected and suitable treatment adopted.

VI.—FROM THE LANCASHIRE COUNTY MENTAL HOSPITAL, PRESTWICH.

Report of Research. By Dr. DAVID ORR, Medical Superintendent, and Dr. A. CORSAR STURROCK, Senior Physician and Neurologist to the Salford Royal Hospital.

1. The anatomical distribution of the sympathetic nerve fibres which accompany the internal carotid and vertebral arteries respectively.

There is already evidence to indicate that the sympathetic fibres from these two sources subserve the vascular control of different parts of the brain.

2. The integrity of sympathetic control is an essential factor in the protection of the nervous tissues exposed to blood-borne infection.

3. The choroid plexus or gland appears to react with pronounced secretive activity not only to sympathetic interference, but very markedly to this plus toxi-infection.

4. This activity is a prominent feature in myelinisation in the foetus and early infantile life, and may have an important protective function in the acute diseases of adult life.

5. It has already been indicated in previous publications that certain non-systemic lesions of the spinal cord depend for their distribution upon disturbance of sympathetic nervous control.

Looking, therefore, at the whole central nervous system as one entity, the problems indicated above apply equally to the brain and cord.

VII.—FROM THE LANCASHIRE COUNTY MENTAL HOSPITAL AT WINWICK.

Routine chemical examination of the urine of all admissions has been carried out; and bacteriological examinations of fæces, urine, sputa and pathological fluids, as the need arose, under the supervision of Dr. T. Wishart Davidson and Dr. W. R. McGlashan.

Much pathological tissue has been sectioned. In the case of brains, blocks are taken as a routine from the prefrontal, rolandic and calcarine areas, and sections are examined with the end in view of differentiating closely similar cases of neuro-syphilis and general paralysis.

The Sachs-Georgi reaction has been carried on the blood of syphilitic and clinically doubtful patients, and the Gold-Sol reaction on the cerebro-spinal fluid to verify and aid in the diagnosis of general paralysis. The great difficulty of preparing a constant working solution has been appreciated as one of the drawbacks of colloidal tests.

At the present time, an investigation into the efficacy of the malaria treatment of general paralysis is being carried out; an insufficient period of time has passed to give any definite statement on the improvement, both mentally and physically, which has taken place in some of the treated patients.

VIII.—FROM THE LONDON COUNTY MENTAL HOSPITAL, CANE HILL.

A.—*Pellagra*. By Dr. P. K. McCOWAN, M.R.C.P.

A clinical report on four cases of Pellagra with full histological investigation in one case. It is suggested that this disease is more common in our mental hospitals than is generally supposed, and the theory is advanced that pellagra is not a disease entity with an invariable etiological factor but a syndrome which may be due to many different causes, a possible explanation of the many conflicting theories of the etiology of pellagra.

(*Journal of Mental Science*, April, 1924.)

B.—*Typhoid Carriers in Mental Hospitals*. By Dr. P. K. McCOWAN, M.R.C.P.

The investigation of 98 cases whose history indicated any suspicion of previous enteric fever has led to the discovery of one urinary and seven fæcal "carriers"; also one fæcal carrier was discovered amongst the contacts of a case of enteric fever occurring in a ward after segregation of the above carriers. These patients have probably been carriers for periods up to 19 years. The importance of periodic and persistent bacteriological examination of the excreta of suspected cases is shown by the fact that the carriers were mainly of the intermittent type and typhoid bacilli were only isolated after repeated examination. The treatment of these cases presents a very difficult problem. The only prophylactic measures possible are general inoculation and segregation of carriers. Segregation confers some hardships on the patient if different mental types have to be warded together, and it also presents considerable administrative difficulties if it is to be satisfactorily complete.

(To appear in *Journal of Mental Science*.)

IX.—FROM THE LONDON COUNTY MENTAL HOSPITAL, HANWELL.

The Importance of Protein Hypersensitivity in the treatment of a special group of Epileptics. By Dr. R. L. MACKENZIE WALLIS, Chemical Pathologist, St. Bartholomew's Hospital, London, and Dr. W. D. NICOL, D.P.M., Assistant Medical Officer at Hanwell.

The authors state that the possibility of food poisons or food susceptibility as a factor in the ætiology of certain forms of epilepsy has been

advocated for many years. The application of such tests to cases recognised as a special type of epilepsy was suggested by Sir Maurice Craig over two years ago. The research is being continued and the paper is in the nature of a preliminary communication.

Protein Hypersensitivity Tests.—All the tests were carried out with proteins prepared by R. L. Mackenzie Wallis. In many cases pure crystalline proteins were isolated from various foodstuffs and these have been grouped together. Five groups of proteins were used for testing food protein sensitivity:—(1) egg proteins, (2) meat and fish proteins, (3) milk, (4) vegetable proteins, (5) cereals, (6) peptone, (7) control.

The tests, which are painless, are done on the forearm. Positive reactions are characterised by an area of hyperæmia which extends over an area the size of a half-crown: an urticarial wheal appears subsequently in two minutes. The best time to do a test is just before a fit (though immediately before an attack a patient may be hypersensitive and react to all proteins) or as long an interval as possible after the previous one.

Treatment.—The ideal method, which can be easily adopted in private, consists in removing the offending protein from the patient's dietary. Peptone given by the mouth is of value to patients sensitive to that particular peptone. Patients may also be desensitised by the administration of protein vaccines.

Summary of results.—The tests for protein hypersensitivity were carried out on sane patients in private practice and on patients in a mental hospital suffering from epilepsy with insanity. The patients in private were selected from clinical experience. They appear to be quite healthy persons, usually inclined to obesity and not excitable or markedly unstable.

The patients at Hanwell were not selected; all epileptics, except the very old and those with congenital imbecility, were examined. Tests were carried out on 122 epileptics (68 females and 54 males). Of these, 46 (28 females, 18 males) gave positive reactions to different proteins.

The result of the observations showed that, in some cases where it was possible to adjust the diet on the basis of skin tests, no treatment was necessary. At Hanwell, peptone was given orally to 24 patients; in some cases the fits became less frequent and in a small proportion of cases there was some mental improvement as well.

The authors lay great stress on the importance of early diagnosis of this type of epilepsy in the hope of preventing further attacks. They maintain that the difference in the results obtained in private practice as compared with those in asylum practice, is no doubt due to the early diagnosis in the former, the difficulty of controlling diet in the latter, and the actual deterioration caused to the central nervous system through constant seizures.

The secret of success lies in early treatment and diagnosis, before the damage to the cerebral cortex becomes severe, which is the case with most epileptics who become insane.

Illustrative cases are appended at the end of the paper.

(*Lancet*, 1923 (I), 741.)

X.—FROM THE LONDON COUNTY MENTAL HOSPITAL, LONG-GROVE.

Hæmo-Clasic Crisis in certain cases of the Psychoses.

By Dr. F. R. MARTIN, D.P.M., Assistant Medical Officer.

An investigation has been made as to the presence or absence of the hæmo-clasic crisis in certain cases of the psychoses.

After a preliminary leucocyte count, 8 ounces of milk were given on a fasting stomach, and further counts made at 30 minutes and 60 minutes after the ingestion of the milk. A leucopenia at 30 minutes was taken as a positive result.

Twenty control cases and 79 psychotic cases were examined.

General paralysis -	-	15	out of	20	cases gave a positive result.
Dementia præcox -	-	10	„	21	„ „ „
Epileptic insanity -	-	5	„	20	„ „ „
Insanity with gross brain					
lesion -	-	2	„	7	„ „ „
Melancholia -	-	3	„	7	„ „ „
Alcoholic dementia -	-	1	„	4	„ „ „

In the control cases no positive results were obtained.

This research work is part of a more extensive investigation which is being carried out at the Maudsley Hospital, and the results have not yet been published.

A positive reaction is probably a sign of disturbance of the autonomic nervous system.

XI.—FROM THE COUNTY MENTAL HOSPITAL, STAFFORD.

On the Production of Formaldehyde by Intestinal Bacteria.

By Dr. B. H. SHAW, Medical Superintendent.

(*British Medical Journal*, March 15th, 1924.)

It is shown that many intestinal bacteria, both pathogenic and apparently non-pathogenic, have the power of manufacturing formaldehyde from various food materials, the amount of formaldehyde produced depending on the type of organism and the kind of food material. Much variation in the coliform and proteus groups was observed, this variation not being dependent on the present accepted classification of these organisms. The possible effects of this production of formaldehyde on metabolism are indicated, and the help it affords in the identification of bacteria emphasised.

XII.—FROM THE DORSET MENTAL HOSPITAL.

Report. By Dr. G. E. PEACHELL, Medical Superintendent.

A.—Search for Typhoid Carriers.

The most important work has been on typhoid carriers. The appointment of a laboratory assistant at the end of October has permitted a thorough search for typhoid carriers to be instituted; and, up to December 31st, besides numerous agglutination tests, a full investigation of specimens of 52 patients' fæces revealed one carrier of *B. Typhosus* and one carrier of paratyphoid "B" in the first series of tests. The work is proceeding. It may be mentioned that, up to date, a further examination of fæces of 40 more patients has resulted in a further carrier being discovered.

B.—Urea Content in Blood and Urine of Epileptics.

By Dr. HERBERT SMITH.

An investigation into the amount of urea in the urine and in the blood of epileptics—some undergoing luminal treatment, others not—was commenced, and is progressing. It is hoped to publish the results in a paper before the end of the year.

C.—Stomach Contents in Melancholics. By Dr. W. P. GRIEVE.

An investigation into the stomach-washing of six selected melancholics, on a fixed diet, was commenced and is progressing. A thorough blood examination is also being regularly made. The stomach contents are being tested weekly. A further report will be communicated.

D.—Luminal Treatment in Epilepsy.

Further trial has confirmed the beneficial effect of luminal and luminal sodium in most cases of epilepsy treated with this drug. Thus, a boy, aged 14, for first two months prior to treatment had 243 major and minor attacks: under treatment with $1\frac{1}{2}$ gr. luminal sodium daily, fits were reduced to 140 in next two months, and to 46 for the last two-and-a-half months, and nearly all petit mal type, prior to his transfer to an epileptic colony. The sequel to this was unfortunate: the luminal was not continued subsequently to his transfer and, within five days of leaving here, he died in "status epilepticus," thus bearing out the danger of suddenly stopping the treatment, or of not replacing it with bromide treatment.

In four other cases taken at random from the records, the fits which, in the first six months without the drug, averaged monthly 26, 14, 13 and 15, were reduced to averages of 9, 5, 6 and 5 respectively, and were of less severe type. In addition, most patients become more tractable and improve physically.

Very little bromide is now given to epileptics here, luminal having so many advantages in treatment.

E.—Routine Investigations.

Much routine work has been done, as shown by the examination of 174 urines, several bacteriologically for *B. Coli*, etc.; 25 sputums for tubercle bacillus, etc.; 10 differential blood counts; 5 bloods for Wasserman reaction; 4 cerebro-spinal fluids for Wasserman and globulin tests, etc.; 4 faeces for dysentery; 3 vaccines made for treatment of boils and pyorrhoea.

Fortnightly full bacteriological examination of water supply for *B. Coli*, etc., and many sections of pathological material were made.

TABLE I.

ANNUAL RETURN of INSANE PERSONS confined in INSTITUTIONS FOR THE INSANE, and in PRIVATE SINGLE CHARGE
COUNTY, DISTRICT, AND COUNTY-BOROUGH MENTAL HOSPITALS

COUNTY, DISTRICT, AND COUNTY-BOROUGH MENTAL HOSPITALS. (The Local Authorities named are those to whom the several Mental Hospitals belong within the meaning of Sections 242, 244, or 245 of the Lunacy Act, 1890.) C. = County. C.B. = County-Borough. B. = Borough of Schedule IV. of Lunacy Act, 1890.	NUMBER OF PATIENTS, 1st JANUARY 1923.					ADMISSIONS DURING THE YEAR 1923.												DISCHARGES DURING THE YEAR 1923.										
	PRIVATE (including all Criminal Patients).	RATE-AIDED.				Total Number of Lunatics.	Of the Total Number.												Of the Total Number.									
							Total Number.	Private (including Criminal Patients).	Re-admissions known to have been at some previous time in the Mental Hospital, or in any Institution for the Insane, not including Transfers from other Institutions, or Re-admissions on fresh Reception Order rendered necessary by previous Order having expired under the Lunacy Act, 1890, Section 38 (1).	Transfers from other Institutions for the Insane.		Of the Number of Transfers.		Total Number.	Private (including Criminal Patients).		Discharged Recovered.	Of the Number Discharged Recovered.										
																				M.	F.	Total.	M.	F.	M.	F.	M.	F.
										M.	F.	Total.	M.		F.	M.		F.	M.									
COUNTY AND DISTRICT MENTAL HOSPITALS.	52	25	344	553	974	87	107	194	2	6	6	19	6	9	1	4	33	74	107	4	4	28	44	2	2	1		
Beds, Herts and Hunts	36	1	269	420	726	77	90	167	1	-	7	12	4	8	-	-	22	41	63	3	-	9	14	2	-	2		
Berks, Reading C.B., Newbury B., and New Windsor B.	23	7	189	226	445	36	55	91	1	-	8	10	3	5	1	-	12	30	42	4	1	1	5	-	-	3		
Brecon, Radnor, and Montgomery C.	36	33	225	315	609	111	87	198	11	14	12	20	38	21	6	10	35	38	73	7	4	23	28	3	2	4		
Bucks	21	11	165	403	600	38	76	114	2	3	11	16	2	3	-	-	22	75	97	1	4	19	40	1	1	5		
Cambridge C., Isle of Ely, and Cam- bridge B.	31	15	269	262	577	85	65	150	6	5	23	11	3	3	1	-	46	26	72	12	2	30	18	8	1	6		
Carmarthen, Cardigan, and Pem- broke C.	95	57	479	735	1,366	174	187	361	13	25	27	32	17	11	3	6	62	70	132	14	10	36	51	2	4	7		
Chester C., Birkenhead C.B., Stock- port C.B.(part),and Wallasey C.B.:	101	109	445	611	1,266	93	151	244	11	33	14	31	6	13	3	10	47	75	122	12	21	20	35	2	8	8		
Chester	63	44	444	496	1,047	102	116	218	4	6	15	18	19	9	2	-	42	55	97	17	12	22	42	4	8	9		
Cornwall	47	34	383	367	831	82	56	138	3	1	20	7	1	5	-	-	26	26	52	3	4	22	14	1	-	10		
Cumberland, Westmorland, and Carlisle C.B.	81	32	409	461	983	96	112	208	6	7	20	29	7	3	1	-	46	46	92	11	6	38	38	5	4	11		
Denbigh, Anglesey, Carnarvon, Flint, and Merioneth C.	36	2	324	346	708	112	117	229	2	-	11	20	9	7	2	-	36	55	91	2	-	21	33	1	-	12		
Derby C.	69	28	355	629	1,081	122	170	292	12	13	9	14	15	17	3	3	60	79	139	14	13	40	50	4	1	13		
Devon	98	119	244	355	816	91	87	178	22	17	18	21	6	2	3	-	55	49	104	25	15	32	34	10	9	14		
Dorset	103	5	580	660	1,348	165	175	340	6	3	12	27	9	3	2	-	78	78	156	17	2	31	34	3	-	15		
Durham C. and Darlington C.B.	86	2	606	992	1,686	213	283	496	3	-	21	46	18	33	2	-	146	225	371	13	-	16	20	1	-	16		
Essex and Colchester B.:	77	74	542	791	1,484	181	225	406	9	18	15	23	66	67	1	4	50	75	125	15	12	23	32	7	4	17		
Brentwood	107	19	865	750	1,741	208	159	367	2	5	28	29	7	5	1	-	99	88	187	12	7	63	59	9	4	18		
Severalls	54	28	406	690	1,178	112	150	262	4	13	12	28	9	11	2	3	58	80	138	10	8	30	56	2	4	19		
Glamorgan and Merthyr Tydfil C.B.	43	-	431	579	1,053	102	107	209	7	-	11	23	9	9	3	-	54	75	129	21	-	19	38	3	-	20		
Gloucester C. and Gloucester C.B.	27	9	247	421	704	137	256	393	3	5	12	30	36	109	1	3	19	38	57	5	4	9	21	1	3	21		
Hants, Southampton C.B., and Bournemouth C.B.:	23	9	174	263	469	27	41	68	2	3	6	5	3	3	-	-	15	19	34	6	4	9	9	3	-	22		
Knowle	39	5	289	508	841	71	97	168	3	1	9	22	11	9	2	1	24	60	84	1	3	17	41	-	1	23		
Hereford C. and Hereford B.	82	1	623	987	1,693	144	236	380	-	1	23	48	13	19	-	-	64	125	189	13	-	46	94	8	-	24		
Herts	41	10	478	567	1,096	119	135	254	2	-	16	26	7	6	2	-	66	69	135	10	5	35	42	4	2	25		
Kent and Gravesend B.:	178	229	851	1,120	2,378	245	137	382	26	34	8	21	118	13	12	9	64	87	151	20	32	22	46	4	13	26		
Barming Heath	170	1	800	1,123	2,094	288	222	510	5	1	51	46	24	13	2	-	176	168	344	17	-	61	77	6	-	27		
Chartham																												
Lancaster C., all the County- Boroughs, and Stockport C.B. (part):																												
Lancaster																												
Rainhill																												

TABLE I.

on the 1st January 1924, together with the Number of Admissions, Discharges, Deaths, &c., during the preceding Year.

COUNTY, DISTRICT, AND COUNTY-BOROUGH MENTAL HOSPITALS.

	DEATHS DURING THE YEAR 1923.							NUMBER OF PATIENTS REMAINING, 1st JANUARY 1924.					Average Number Resident during 1923.	RECOVERY RATES.			MORTALITY RATES.			County, District, and County-Borough Mental Hospitals. (The Local Authorities named are those to whom the several Mental Hospitals belong within the meaning of Sections 242, 244, or 245 of the Lunacy Act, 1890.) C. = County. C.B. = County-Borough. B. = Borough of Sche- dule IV. of Lunacy Act, 1890.	
	Total Number.			Of the Total Number.				PRIVATE (including all Criminal Patients).		RATE-AIDED.		Total Number of Lunatics.		Proportion [per Cent.] of Recoveries during the Year 1923, to Admissions [excluding Transfers and Re-admissions on fresh Reception Orders rendered necessary by previous Order having expired under the Lunacy Act, 1890, Section 38 (1)] during the Year 1923.			Proportion [per Cent.] of Deaths to Daily Average Number Resident during the Year 1923.				
	M.	F.	Total.	M.	F.	M.	F.	M.	F.	M.	F.	M.		F.	M.	F.	Total.	M.	F.		Total.
1	34	45	79	3	2	26	31	57	30	359	536	982	411	570	34·6	44·9	40·2	8·3	7·9	8·1	COUNTY, &c. HOSPITALS. Beds, &c. Berks, &c.
2	27	17	44	—	—	5	7	40	1	293	452	786	319	435	12·3	17·1	14·8	8·5	3·9	5·8	
3	25	18	43	—	1	3	—	23	7	188	233	451	213	234	3·0	10·0	7·2	11·7	7·7	9·6	Brecon, &c. Bucks. Cambridge C., &c.
4	34	25	59	2	2	28	16	40	43	263	329	675	284	359	31·5	42·4	36·7	11·9	7·0	9·2	
5	14	25	39	1	—	9	18	21	9	167	381	578	186	392	52·8	55·6	54·6	7·5	6·4	6·7	Carmarthen, &c.
6	32	10	42	4	1	5	—	30	18	277	288	613	304	290	36·6	29·0	33·3	10·5	3·4	7·1	
7	46	83	129	4	11	8	27	98	59	542	767	1,466	609	807	22·9	29·0	26·1	7·6	10·3	9·1	Chester C., &c. : Chester. Parkside.
8	45	60	105	3	11	42	52	102	108	445	628	1,283	540	730	23·0	25·4	24·4	8·3	8·2	8·3	
9	42	53	95	6	4	8	18	58	50	467	498	1,073	508	536	26·8	39·3	33·9	8·3	9·9	9·1	Cornwall. Cumberland, &c.
10	45	28	73	4	—	45	28	48	29	393	374	844	438	400	27·2	28·0	27·5	10·3	7·0	8·7	
11	39	36	75	1	4	7	10	85	30	416	493	1,024	496	511	42·7	34·9	38·4	7·9	7·0	7·4	Denbigh, &c.
12	51	56	107	3	—	35	44	40	1	345	353	739	383	360	20·4	30·0	25·4	13·3	15·6	14·4	
13	41	62	103	9	4	21	36	64	32	381	654	1,131	435	676	37·7	32·7	34·7	9·4	9·2	9·3	Derby C. Devon. Dorset.
14	28	39	67	9	7	22	29	89	114	261	359	823	346	471	38·1	40·5	39·3	8·1	8·3	8·2	
15	58	38	96	8	1	25	18	104	5	608	719	1,436	700	695	19·9	19·8	19·8	8·3	5·5	6·9	Durham C., &c. Essex, &c. : Brentwood. Severalls.
16	88	80	168	1	—	70	67	88	2	583	970	1,643	689	985	8·2	8·0	8·1	12·8	8·1	10·0	
17	50	71	121	5	6	41	54	75	72	625	872	1,644	655	918	20·0	20·4	20·2	7·6	7·7	7·7	Glamorgan, &c. Gloucester C., &c.
18	108	66	174	10	2	66	40	107	20	866	754	1,747	971	774	31·3	38·3	34·4	11·1	8·5	10·0	
19	45	51	96	5	2	17	9	56	33	413	704	1,206	467	729	29·1	40·6	35·7	9·6	7·0	8·0	Hants., &c. : Knowle. Park Prewett.
20	41	54	95	3	—	26	38	35	—	446	557	1,038	480	581	20·4	38·8	29·8	8·5	9·3	9·0	
21	26	32	58	4	2	16	9	37	15	329	601	982	311	528	9·0	14·3	12·1	8·4	6·1	6·9	Hereford C., &c. Herts. Kent, &c. : Barming Heath. Chartham.
22	10	13	23	—	—	7	9	22	10	177	271	480	201	272	37·5	23·7	29·0	5·0	4·8	4·9	
23	26	27	53	3	1	21	22	37	2	312	521	872	346	521	28·3	46·6	39·2	7·5	5·2	6·1	Lancaster C., Boroughs. (part) C.B. : Lancaster. Rainhill.
24	68	74	142	9	—	59	63	68	1	649	1,024	1,742	717	1,013	35·1	43·3	40·2	9·5	7·3	8·2	
25	42	48	90	1	1	23	28	47	8	483	587	1,125	529	584	31·3	32·6	32·0	7·9	8·2	8·1	
26	64	60	124	18	17	43	41	179	224	967	1,115	2,485	1,120	1,352	17·3	37·4	27·2	5·7	4·4	5·0	
27	97	69	166	7	—	71	48	175	—	810	1,109	2,094	965	1,111	23·1	36·8	29·2	10·1	6·2	8·0	

(continued.)

Appendix A. to Tenth Report of the Board of Control.

TABLE I.—continued.—COUNTY, DISTRICT, AND COUNTY-BOROUGH MENTAL HOSPITALS—continued

COUNTY, DISTRICT AND COUNTY-BOROUGH MENTAL HOSPITALS. (The Local Authorities named are those to whom the several Mental Hospitals belong within the meaning of Sections 242, 244, or 245 of the Lunacy Act, 1890.) C.=County. C.B.=County-Borough. B.=Borough of Schedule IV. of Lunacy Act, 1890.	NUMBER OF PATIENTS, 1st JANUARY 1923.				ADMISSIONS DURING THE YEAR 1923.												DISCHARGES DURING THE YEAR 1923.																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																								
	PRIVATE		RATE-AIDED.		Total Number of Lunatics.	Of the Total Number.												Of the Total Number.																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																							
	(including all Criminal Patients).	M.	F.	Total Number.		Private (including Criminal Patients).	M.	F.	Re-admissions known to have been at some previous time in the Mental Hospital, or in any Institution for the Insane, not including Transfers from other Institutions, or Re-admissions on fresh Reception Order rendered necessary by previous Order having expired under the Lunacy Act, 1890, Section 38 (1).		Transfers from other Institutions for the Insane.		Of the Number of Transfers.		Total Number.	Private (including Criminal Patients).	M.	F.	Total.	Private (including Criminal Patients).	Discharged Recovered.	Of the Number Discharged Recovered.	Private (including Criminal Patients).	M.	F.																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																
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TABLE I.—continued.—COUNTY, DISTRICT, AND COUNTY-BOROUGH MENTAL HOSPITALS—continued.

	DEATHS DURING THE YEAR 1923.							NUMBER OF PATIENTS REMAINING, 1st JANUARY 1924.					Average Number Resident during 1923.	RECOVERY RATES.			MORTALITY RATES.			County, District, and County-Borough Mental Hospitals. (The Local Authorities named are those to whom the several Mental Hospitals belong within the meaning of Sections 242, 244, or 245 of the Lunacy Act, 1890.) C. = County. C.B. = County-Borough. B.=Borough of Schedule IV. of Lunacy Act, 1890.	
	Total Number.			Of the Total Number.				PRIVATE (including all Criminal Patients).			RATE-AIDED.			Proportion [per Cent.] of Recoveries during the Year 1923, to Admissions [excluding Transfers and Re-admissions on fresh Reception Order rendered necessary by previous Order having expired under the Lunacy Act, 1890, Section 38 (1)] during the Year 1923.			Proportion [per Cent.] of Deaths to Daily Average Number Resident during the Year 1923.				
				Private (including Criminal Patients).	Number of Post-mortem Examinations made.																
	M.	F.	Total.	M.	F.	M.	F.	M.	F.	M.	F.	M.		F.	M.	F.	Total.	M.	F.		Total.
1	108	88	196	7	—	58	65	268	9	994	1,409	2,680	1,265	1,418	35·3	43·8	40·0	8·5	6·2	7·3	Lancaster C., all the County-Boroughs, and Stockport C.B. (part)— <i>cont.</i> Prestwich. Whittingham. Winwick. Leicester C. and Rutland. Lincoln C. (Lindsey and Holland Divisions), Grimsby C.B., and Lincoln C.B. Lincoln C. (Kesteven Division). London C.: Banstead. Bexley. Cane Hill. Claybury. Colney Hatch. Hanwell. Horton. Long Grove. Middlesex : Wandsworth. Napsbury. Monmouth C. Norfolk. Northampton C. Northumberland and Tynemouth C.B. Nottingham C. Oxford C., and Oxford C.B. Salop, Shrewsbury B., and Wenlock B. Somerset and Bath C.B. : Wells. Cotford. Stafford C., and all the County Boroughs : Stafford. Burntwood. Cheddleton. Suffolk, E. and W. Surrey and (for Brookwood) Guildford B. : Brookwood. Netherne. Sussex, East. " West. Warwick C., Coventry C.B., and Warwick B. Wight, Isle of. Wilts.
2	117	82	199	7	—	54	50	130	2	1,141	1,489	2,762	1,297	1,488	48·3	30·6	40·2	9·0	5·5	7·1	
3	38	104	142	1	—	19	44	28	—	577	973	1,578	487	757	13·5	23·1	19·7	7·8	13·7	11·4	
4	33	30	63	—	3	30	27	35	26	258	350	669	280	362	24·3	36·4	30·6	11·8	8·3	9·8	
5	48	49	97	4	—	32	26	41	—	399	571	1,011	434	555	36·8	28·8	32·3	11·1	8·8	9·8	
6	14	15	29	1	—	5	7	25	14	201	214	454	229	228	41·7	56·3	51·4	6·1	6·6	6·3	
7	86	84	170	14	5	71	73	128	15	881	1,359	2,383	1,012	1,365	24·8	31·9	28·7	8·5	6·2	7·2	
8	70	42	112	6	—	68	42	97	22	935	1,064	2,118	1,029	1,085	28·2	29·0	28·6	6·8	3·9	5·3	
9	90	59	149	8	3	86	56	104	17	819	1,228	2,168	924	1,231	25·5	20·7	23·1	9·7	4·8	6·9	
10	77	72	149	11	—	68	66	210	24	887	1,350	2,471	1,088	1,374	26·3	46·4	36·7	7·1	5·2	6·1	
11	86	113	199	10	2	62	85	88	21	956	1,537	2,602	1,044	1,560	23·0	23·5	23·3	8·2	7·2	7·6	
12	102	83	185	7	2	90	76	111	28	898	1,429	2,466	1,002	1,487	28·5	33·6	31·0	10·2	5·6	7·4	
13	6	79	85	—	10	4	69	—	174	187	1,525	1,886	185	1,584	—	31·7	31·7	3·2	5·0	4·8	
14	58	73	131	11	3	52	68	174	21	919	998	2,112	1,087	1,015	17·7	23·4	20·8	5·3	7·2	6·2	
15	48	48	96	5	4	33	17	79	32	459	779	1,349	517	804	40·7	43·9	42·9	9·3	6·0	7·3	
16	68	41	109	1	1	55	31	69	25	655	1,029	1,778	723	1,028	27·3	33·6	30·8	9·4	4·0	6·2	
17	31	32	63	11	2	25	23	63	29	531	521	1,144	575	524	21·9	33·7	27·3	5·4	6·1	5·7	
18	40	37	77	2	—	16	13	48	1	362	617	1,028	396	595	26·3	40·6	35·0	10·1	6·2	7·8	
19	23	40	63	1	3	19	28	45	15	383	479	922	421	480	23·6	19·5	21·4	5·5	8·3	7·0	
20	40	34	74	4	1	9	10	29	—	381	318	728	395	317	36·9	47·0	41·4	10·1	10·7	10·4	
21	32	30	62	2	—	23	26	28	4	233	363	628	254	349	11·8	29·4	21·9	12·6	8·6	10·3	
22	19	34	53	1	—	13	24	23	—	253	326	602	239	317	56·9	86·3	71·6	8·0	10·7	9·5	
23	24	50	74	1	4	11	20	48	28	303	406	785	332	432	19·8	28·1	24·0	7·2	11·6	9·7	
24	25	34	59	—	—	16	26	29	16	299	450	794	325	463	21·2	28·5	25·7	7·7	7·3	7·5	
25	28	26	54	2	—	22	19	29	27	251	401	708	280	415	41·7	36·2	38·3	10·0	6·3	7·8	
26	39	27	66	4	—	21	14	51	—	400	472	923	449	456	33·8	42·3	38·8	8·7	5·9	7·3	
27	51	30	81	5	—	47	28	62	—	368	466	896	419	449	26·0	29·1	27·5	12·2	6·7	9·3	
28	39	31	70	2	—	34	28	70	12	501	462	1,045	564	466	19·6	27·0	23·6	6·9	6·7	6·8	
29	39	39	78	—	—	—	1	50	3	401	501	955	447	502	9·6	5·6	7·3	8·7	7·8	8·2	
30	38	53	91	4	—	12	22	28	—	472	825	1,325	509	817	24·2	29·9	27·8	7·5	6·5	6·9	
31	40	28	68	13	2	19	19	112	62	280	485	939	385	551	12·3	45·7	25·0	10·4	5·1	7·3	
32	43	33	76	3	4	31	26	59	51	418	659	1,187	466	685	33·3	42·4	38·9	9·2	4·8	6·6	
33	15	15	30	3	3	14	10	41	26	263	422	752	302	438	35·1	25·6	28·7	5·0	3·4	4·1	
34	26	23	49	2	2	17	18	57	54	399	586	1,096	434	606	33·3	36·5	35·2	6·0	3·8	4·7	
35	16	8	24	2	1	8	5	17	46	100	173	336	115	215	26·1	70·7	54·7	13·9	3·7	7·3	
36	36	28	64	1	1	30	22	40	18	407	534	999	442	541	34·1	39·8	36·9	8·1	5·1	6·5	

(continued.)

TABLE I.—continued.—COUNTY, DISTRICT, AND COUNTY-BOROUGH MENTAL HOSPITALS—continued

COUNTY, DISTRICT, AND COUNTY-BOROUGH MENTAL HOSPITALS. (The Local Authorities named are those to whom the several Mental Hospitals belong within the meaning of Sections 242, 244, or 245 of the Lunacy Act, 1890.) C. = County. C.B. = County-Borough. B. = Borough of Schedule IV. of Lunacy Act, 1890.	NUMBER OF PATIENTS. 1st JANUARY 1923.					ADMISSIONS DURING THE YEAR 1923.												DISCHARGES DURING THE YEAR 1923.									
	PRIVATE (including all Criminal Patients).	RATE-AIDED.	Total Number of Lunatics.	Of the Total Number.												Total Number.	Of the Total Number.										
				Total Number.	Private (including Criminal Patients).	Re-admissions known to have been at some previous time in the Mental Hospital, or in any Institution for the Insane, not including Transfers from other Institutions, or Re-admissions on fresh Reception Order rendered necessary by previous Order having expired under the Lunacy Act, 1890, Section 38 (1).	Transfers from other Institutions for the Insane.		Of the Number of Transfers. Private (including Criminal Patients).		Private (including Criminal Patients).	Discharged Recovered.	Of the Number Discharged Recovered. Private (including Criminal Patients).														
M.	F.	M.	F.	M.	F.	Total.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	Total.	M.	F.	M.	F.	M.	F.	M.	F.		
Worcester C., and (for Powick) Dudley C.B., and Worcester C.B.: Powick - - - -	50	7	300	539	896	143	88	231	1	2	7	9	109	36	1	-	24	57	81	11	1	9	19	2	-	1	
Barnsley Hall - - - -	69	75	248	316	708	61	90	151	7	28	8	15	4	4	1	2	24	46	70	17	24	10	21	5	11	2	
Yorks, North Riding - - -	24	26	283	376	709	64	82	146	4	1	14	18	3	3	-	-	34	44	78	5	1	22	36	3	-	3	
Yorks, West Riding, and (except for Scalebor Park) Barnsley, Bradford, Dewsbury, Halifax, Huddersfield, Leeds, Rotherham, Sheffield, and Wakefield C.B., and (for Wadsley and Storthes Hall) Doncaster B.:																											
Wakefield - - - -	118	4	935	1,030	2,087	193	201	394	-	-	32	6	7	6	-	-	76	106	182	8	1	35	62	4	-	4	
Wadsley - - - -	42	5	671	836	1,554	208	242	450	6	-	23	48	6	4	4	-	89	112	201	6	-	68	76	3	-	5	
Menston - - - -	131	47	699	836	1,713	194	230	424	12	16	40	42	12	9	4	4	66	121	187	9	13	44	86	5	10	6	
Scalebor Park - - - -	103	136	-	-	239	51	61	112	51	61	7	8	8	6	8	6	31	50	81	31	50	16	31	16	31	7	
Storthes Hall - - - -	64	5	508	657	1,234	132	139	271	2	3	12	30	3	3	-	2	46	58	104	3	2	36	45	1	2	8	
Yorks, East Riding - - -	18	21	207	228	474	39	49	88	1	2	5	15	4	2	1	1	16	19	35	1	4	10	13	-	4	9	
COUNTY-BOROUGH MENTAL HOSPITALS (including City of London).																											
Birmingham: Winson Green -	69	20	321	352	762	102	155	257	5	2	18	18	6	6	1	1	82	93	175	16	3	48	69	4	3	10	
Rubery Hill - - - -	57	1	529	679	1,266	148	222	370	5	12	7	8	13	47	2	-	62	73	135	10	4	41	41	4	1	11	
Brighton - - - -	37	35	257	457	786	72	114	186	2	7	12	20	8	12	2	7	30	64	94	10	11	19	33	3	4	12	
Bristol - - - -	42	21	315	382	760	99	125	224	5	12	12	17	3	6	1	5	66	75	141	14	9	46	46	10	4	13	
Canterbury - - - -	19	24	63	65	171	6	12	18	3	7	1	3	1	1	1	1	2	7	9	1	2	1	2	1	-	14	
Cardiff - - - -	40	4	267	258	569	94	105	199	4	4	15	16	4	3	-	-	66	86	152	9	4	37	53	4	2	15	
Croydon - - - -	42	88	166	395	691	51	87	138	10	15	7	17	10	7	1	1	25	61	86	6	14	21	57	6	11	16	
Derby - - - -	26	23	142	218	409	37	59	96	4	18	14	12	-	5	-	3	20	36	56	4	10	8	21	1	6	17	
Exeter - - - -	43	43	87	125	298	25	45	70	4	12	4	8	3	2	2	1	20	25	45	11	7	9	15	5	4	18	
Gateshead - - - -	21	2	117	123	263	58	40	98	1	2	7	2	3	2	-	-	17	14	31	2	2	11	12	1	-	19	
Hull - - - -	33	18	254	321	626	86	78	164	5	5	13	19	3	4	2	-	41	63	104	9	3	15	35	4	2	20	
Ipswich - - - -	34	25	118	154	331	35	25	60	3	5	7	5	3	1	1	-	18	12	30	4	2	10	7	3	1	21	
Leicester - - - -	34	30	298	480	842	71	118	189	1	8	8	31	3	19	1	-	26	49	75	1	8	21	41	1	6	22	
London (City of) - - - -	130	227	147	109	613	64	67	131	30	43	2	5	17	16	17	13	45	51	96	19	32	21	25	6	13	23	
Middlesbrough - - - -	38	8	173	198	417	60	61	121	2	3	14	13	2	3	1	-	31	36	67	3	3	22	26	2	1	24	
Newcastle-upon-Tyne - - -	55	6	420	362	843	115	92	207	6	-	16	20	10	2	4	-	39	28	67	9	-	24	22	5	-	25	
Newport - - - -	16	11	122	164	313	30	45	75	4	4	5	17	1	2	1	1	16	30	46	1	5	8	23	-	3	26	
Norwich - - - -	34	-	144	287	465	47	59	106	1	-	21	14	4	2	-	-	32	33	65	6	-	14	10	-	-	27	
Nottingham - - - -	53	24	343	422	842	114	103	217	5	-	27	27	4	2	1	-	49	59	108	10	1	40	44	9	1	28	
Plymouth - - - -	43	25	177	258	503	49	65	114	2	7	8	13	2	2	-	-	25	46	71	8	8	17	24	5	5	29	
Portsmouth - - - -	88	87	201	358	734	66	113	179	19	30	2	22	12	12	7	6	20	48	68	12	13	10	30	4	8	30	
Sunderland - - - -	31	9	197	190	427	39	51	90	5	1	11	10	5	2	4	-	22	24	46	5	-	17	11	2	-	31	
West Ham - - - -	49	-	378	493	920	112	108	220	2	-	18	23	14	4	1	-	86	104	190	10	-	37	71	2	-	32	
York - - - -	22	6	144	183	355	23	42	65	-	5	7	11	3	4	-	1	15	28	43	2	2	9	18	-	1	33	
TOTAL - - - -	5,917	2,699	38,367	53,096	100,079	10,676	13,218	23,894	500	690	1,526	2,284	1,104	1,388	167	144	5,131	7,086	12,217	944	607	2,664	3,980	369	278	34	

(a) In addition to these numbers, 1,504 patients (1,138 males and 366 females) were transferred, while resident during 1923, from the Rate-aided to the Private Class.
(b) In addition to these numbers, 27 patients (14 males and 13 females) were re-admitted on fresh Reception Orders rendered necessary by previous Orders having expired under sec. 38 (1) of the Lunacy Act, 1890.
(c) In addition to these numbers, 241 patients (144 males and 97 females) were transferred, while resident during 1923, from the Private to the Rate-aided Class; and 58 Criminal (Private) Patients (43 males and 15 females) were retained in the Institution as Rate-aided Patients on their ceasing to be "Criminals" during the same year.
(d) 4,623 of these patients were ex-Service men paid for by the Ministry of Pensions, and classed as "Service" patients.

TABLE I.—continued.—COUNTY, DISTRICT, AND COUNTY-BOROUGH MENTAL HOSPITALS—continued.

	DEATHS DURING THE YEAR 1923.							NUMBER OF PATIENTS					Average Number	RECOVERY RATES.			MORTALITY RATES.			County, District and County-Borough Mental Hospitals. (The Local Authorities named are those to whom the several Mental Hospitals belong within the meaning of Sections 242, 244 or 245 of the Lunacy Act, 1890.) C. = County. C.B. = County-Borough. B. = Borough of Schedule IV of Lunacy Act, 1890.		
	Of the Total Number.							REMAINING, 1st JANUARY 1924.						Proportion [per Cent.] of Recoveries during the Year 1923, to Admissions [excluding Transfers and Re-admissions on fresh Reception Order rendered necessary by previous Order having expired under the Lunacy Act, 1890, Section 38 (1)] during the Year 1923.			Proportion [per Cent.] of Deaths to Daily Average Number Resident during the Year 1923.					
	Total Number.			Private (including Criminal Patients).		Number of Post-mortem Examina- tions made.		PRIVATE (including all Criminal Patients).		PAUPER.		Total Number of Lunatics.		Resident during 1923.								
	M.	F.	Total.	M.	F.	M.	F.	M.	F.	M.	F.			M.	F.	M.	F.	Total.	M.		F.	Total.
1	31	38	69	3	1	22	25	39	8	399	531	977	427	530	26.5	36.5	32.6	7.3	7.2	7.2	Worcester C., and (for Powick) Dudley C.B., and Worcester C.B.: Powick. Barnsley Hall.	
2	24	23	47	5	3	23	22	60	73	270	339	742	324	401	17.5	24.7	21.8	7.4	5.7	6.5		
3	28	20	48	6	—	14	11	21	26	288	394	729	312	414	36.1	45.6	41.4	9.0	4.8	6.6		
4	111	79	190	2	—	103	68	126	3	933	1,047	2,109	1,069	1,047	18.8	31.8	25.5	10.4	7.5	9.0	Yorks, North Riding. Yorks, West Riding, and (except for Scalebor Park) Barnsley, Bradford, Dewsbury, Halifax, Huddersfield, Leeds, Rotherham, Sheffield, and Wakefield C.B., and (for Wadsley and Storthes Hall) Doncaster B.: Wakefield. Wadsley. Menston. Scalebor Park. Storthes Hall.	
5	101	68	169	1	—	97	67	53	5	678	898	1,634	719	871	33.7	31.9	32.7	14.1	7.8	10.6		
6	60	108	168	3	4	43	65	141	46	757	838	1,782	871	901	24.2	38.9	32.3	6.9	12.0	9.5		
7	13	22	35	13	22	1	2	110	125	—	—	235	108	134	37.2	56.4	48.0	12.0	16.4	14.5		
8	64	56	120	2	—	51	47	65	7	529	680	1,281	584	678	27.9	33.1	30.6	11.0	8.3	9.5		
9	32	21	53	1	1	26	12	18	19	198	239	474	218	248	28.6	27.7	28.0	14.7	8.5	11.4		
10	46	49	95	4	2	37	34	63	16	301	369	749	376	372	50.0	46.3	47.8	12.2	13.2	12.7	COUNTY-BOROUGH MENTAL HOSPITALS (including City of London).	
11	35	37	72	1	2	28	24	61	8	576	784	1,429	617	753	30.4	23.4	26.5	5.7	4.9	5.3		
12	28	41	69	5	7	14	19	39	34	269	467	809	300	495	29.7	32.4	31.3	9.3	8.3	8.7	Birmingham: Winson Green. Rubery Hill.	
13	33	44	77	5	3	33	43	38	23	319	386	766	362	409	48.4	38.6	43.0	9.1	10.7	10.0		
14	6	4	10	3	1	3	2	18	28	62	62	170	79	91	20.0	18.2	18.8	7.6	4.4	5.9	Brighton. Bristol. Canterbury.	
15	29	14	43	5	1	25	11	40	9	266	258	573	305	275	41.1	52.0	46.9	9.5	5.1	7.4		
16	13	33	46	5	10	4	9	42	81	179	395	697	216	487	51.2	71.3	64.5	6.0	6.8	6.5	Cardiff. Croydon.	
17	12	24	36	3	4	10	20	24	27	149	213	413	171	245	22.9	38.9	32.6	7.0	9.8	8.7		
18	12	6	18	2	1	9	4	35	46	88	136	305	118	176	40.9	34.9	36.9	10.2	3.4	6.1	Derby. Exeter.	
19	12	13	25	1	—	7	7	24	2	143	136	305	152	130	20.0	31.6	24.7	7.9	10.0	8.9		
20	21	24	45	—	1	10	18	34	18	277	312	641	298	333	18.1	47.3	31.8	7.0	7.2	7.1	Gateshead Hull.	
21	16	12	28	2	3	—	—	31	24	122	156	333	155	182	31.3	29.2	30.4	10.3	6.6	8.3		
22	27	29	56	—	1	21	24	39	31	311	519	900	347	525	30.9	41.4	37.1	7.8	5.5	6.4	Ipswich. Leicester.	
23	25	16	41	11	9	11	6	130	224	141	112	607	267	330	44.7	49.0	46.9	9.4	4.9	6.9		
24	29	12	41	3	—	8	2	36	9	175	210	430	215	212	37.9	45.6	41.7	13.5	5.7	9.6	London (City of). Middlesbrough.	
25	42	31	73	1	—	23	18	62	9	447	392	910	494	378	22.9	24.4	23.6	8.5	8.2	8.4		
26	11	21	32	2	2	2	5	17	8	124	161	310	138	172	27.6	53.5	43.1	8.0	12.2	10.3	Newcastle-upon-Tyne. Newport.	
27	17	10	27	2	—	12	5	34	—	142	303	479	170	289	32.6	17.5	24.0	10.0	3.5	5.9		
28	39	44	83	4	1	24	32	58	21	364	425	868	410	447	36.4	43.6	39.8	9.5	9.8	9.7	Norwich. Nottingham.	
29	19	20	39	4	1	11	17	40	26	185	256	507	222	288	36.2	38.1	37.3	8.6	6.9	7.6		
30	17	31	48	9	8	10	15	90	94	228	385	797	304	455	18.5	29.7	25.8	5.6	6.8	6.3	Plymouth. Portsmouth.	
31	12	14	26	2	—	3	11	34	9	199	203	445	229	200	51.5	22.9	34.6	5.2	7.0	6.1		
32	39	24	63	4	—	18	7	46	—	368	473	887	439	467	37.8	68.3	53.5	8.9	5.1	7.0	Sunderland. West Ham.	
33	9	10	19	1	—	3	4	21	9	144	184	358	164	193	45.0	47.4	46.6	5.5	5.2	5.3		
34	3,932	3,932	7,864	394	223	2,629	2,602	6,030	2,813	39,867	55,182	103,892	45,155	56,921	27.9	33.7	31.1	8.7	6.9	7.7	TOTAL.	

(The Local Authorities named are those to whom the several Mental Hospitals belong within the meaning of Sections 242, 244, or 245 of the Lunacy Act, 1890.)

C. = County.

C.B. = County-Borough.

B. = Borough of Schedule IV of Lunacy Act, 1890.

TABLE I.—continued—REGISTERED HOSPITALS,

COUNTY.	REGISTERED HOSPITALS, NAVAL AND MILITARY HOSPITALS, AND CRIMINAL ASYLUM.	NUMBER OF PATIENTS, 1st JANUARY 1923.				ADMISSIONS DURING THE YEAR 1923.												DISCHARGES DURING THE YEAR 1923.											
		PRIVATE (including all Criminal Patients).		RATE- AIDED.		Total Number of Lunatics.	Of the Total Number.												Of the Total Number.										
							Total Number.	Private (including Criminal Patients).	Re-admissions known to have been at some previous time in the Institution, or in any Institution for the Insane, not including Transfers from other Institutions, or Re-admissions on fresh Reception Order rendered necessary by previous Order having expired under the Lunacy Act, 1890, Section 38 (1).	Transfers from other Institutions for the Insane.		Of the Number of Transfers.		Total Number.	Private (including Criminal Patients).		Discharged Recovered.	Of the Number Discharged Recovered.											
M.	F.	M.	F.	M.	F.	Total.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	Total.	M.	F.	M.	F.	M.	F.	M.	F.				
REGISTERED	HOSPITALS :																												
Chester - -	Manchester Royal Lunatic Hospital, Cheadle	94	174	-	-	268	37	26	63	37	26	4	5	1	5	1	5	18	35	53	18	35	7	15	7	15	1		
Devon - -	Wonford House, Exeter - - - -	50	85	-	-	135	12	15	27	12	15	1	1	4	1	4	1	7	11	18	7	11	2	9	2	9	2		
Gloucester - -	Barnwood House, Gloucester - - -	65	82	-	-	147	7	19	26	7	19	2	5	2	4	2	4	9	15	24	9	15	1	5	1	5	3		
Lincoln - -	Lincoln Lunatic Hospital, The Lawn, Lincoln	15	53	-	-	68	15	21	36	15	21	-	5	2	1	2	1	9	21	30	9	21	6	9	6	9	4		
Norfolk - -	Bethel Hospital, Norwich - - - -	25	58	-	-	83	10	15	25	10	15	-	6	-	-	-	-	6	10	16	6	10	3	5	3	5	5		
Northampton - -	St. Andrew's Hospital, Northampton - -	190	222	-	-	412	32	55	87	32	55	7	13	10	13	10	13	17	22	39	17	22	7	10	7	10	6		
Notts - -	Nottingham Lunatic Hospital, The Coppice, Nottingham.	42	50	-	-	92	14	9	23	14	9	2	2	-	-	-	-	6	9	15	6	9	3	4	3	4	7		
Oxford - -	The Warneford, Headington Hill, Oxford -	42	49	-	-	91	9	13	22	9	13	3	1	-	2	-	2	11	11	22	11	11	4	8	4	8	8		
Stafford - -	Coton Hill Lunatic Hospital, Stafford - -	43	69	-	-	112	10	14	24	10	14	-	2	3	4	3	4	8	18	26	8	18	4	4	4	4	9		
Surrey - -	Bethlem Royal Hospital, Lambeth Road, S.E.1	68	100	-	-	168	44	71	115	44	71	-	2	11	21	11	21	36	73	109	36	73	13	32	13	32	10		
" - -	Holloway Sanatorium, St. Ann's Heath, Virginia Water.	130	210	-	-	340	38	41	79	38	41	8	14	10	8	10	8	28	47	75	28	47	8	19	8	19	11		
York City (N.R.)	Bootham Park, York - - - - -	49	46	-	-	95	7	16	23	7	16	2	4	-	-	-	-	5	11	16	5	11	1	7	1	7	12		
" (E.R.)	The Retreat, York - - - - -	57	105	-	-	162	22	26	48	22	26	3	2	5	4	5	4	13	23	36	13	23	6	11	6	11	13		
TOTAL (Registered Hospitals) - -		870	1,303	-	-	2,173	257	341	598	257	341	32		62		48	63	48	63	173	306	479	173	306	65	138	65	138	14
		(a)																											
NAVAL AND MILITARY HOSPITALS :																													
Hants - -	Royal Military Hospital, Netley, Southampton	25	-	-	-	25	134	-	134	134	-	2	-	-	-	-	-	143	-	143	143	-	120	-	120	-	15		
Norfolk - -	Royal Naval Hospital, Great Yarmouth -	157	-	-	-	157	20	-	20	20	-	-	-	-	-	-	-	7	-	7	7	-	3	-	3	-	16		
TOTAL (Naval and Military Hospitals)		182	-	-	-	182	154	-	154	154	-	2	-	-	-	-	-	150	-	150	150	-	123	-	123	-	17		
CRIMINAL ASYLUM :																													
Berks - -	Criminal Lunatic Asylum, Broadmoor, Crowthorne, Berks.	585	194	2	-	781	65	19	84	65	19	1	-	6	-	6	-	31	15	46	31	15	14	14	14	14	18		

(a) In addition to these numbers, 2 female patients were re-admitted on fresh reception orders rendered necessary by previous orders having expired under Section 38 (1) of the Lunacy Act, 1890.

NAVAL AND MILITARY HOSPITALS, AND STATE CRIMINAL ASYLUM.

	DEATHS DURING THE YEAR 1923.							NUMBER OF PATIENTS REMAINING, 1st JANUARY 1924.					Average Number Resident during 1923.	RECOVERY RATES.			MORTALITY RATES.			Registered Hospitals, Naval and Military Hospitals, and Criminal Asylum.	
	Total Number.			Of the Total Number.				PRIVATE (including all Criminal Patients). RATE-AIDED. Total Number of Lunatics.				Proportion [per Cent.] of Recoveries during the Year 1923, to Admissions [excluding Transfers and Re-admissions on fresh Reception Order rendered necessary by previous Order having expired under the Lunacy Act, 1890, Section 38 (1)] during the Year 1923.			Proportion [per Cent.] of Deaths to Daily Average Number Resident during the Year 1923.						
M.	F.	Total.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	Total.	M.	F.	Total.			
1	10	10	20	10	10	1	1	103	155	-	-	258	96	164	19.4	71.4	38.6	10.4	6.1	7.7	Manchester Royal Lunatic Hospital, Cheadle. Wonford House. Barnwood House. Lincoln Lunatic Hospital. Bethel Hospital, Norwich. St. Andrew's Hospital. Nottingham Lunatic Hospital. The Warneford. Coton Hill Lunatic Hospital. Bethlem Royal Hospital. Holloway Sanatorium. Bootham Park, York. The Retreat, York. TOTAL (Registered Hospitals).
2	3	6	9	3	6	-	-	52	83	-	-	135	48	87	25.0	69.2	52.4	6.3	6.9	6.7	
3	1	5	6	1	5	-	-	62	81	-	-	143	63	86	20.0	33.3	30.0	1.6	5.8	4.0	
4	-	4	4	-	4	-	1	21	49	-	-	70	19	51	46.2	45.0	45.5	-	7.8	5.7	
5	6	3	9	6	3	-	-	23	60	-	-	83	23	65	30.0	35.7	33.3	26.5	4.6	10.2	
6	14	19	33	14	19	2	1	191	236	-	-	427	190	230	31.8	23.8	25.6	7.4	8.3	7.9	
7	9	2	11	9	2	-	-	41	48	-	-	89	42	51	21.4	44.4	30.4	21.3	3.9	11.8	
8	-	4	4	-	4	-	2	40	47	-	-	87	41	51	44.4	72.7	60.0	-	7.8	4.3	
9	2	6	8	2	6	2	3	43	59	-	-	102	39	64	57.1	40.0	47.0	5.1	9.4	7.8	
10	11	11	22	11	11	10	9	65	87	-	-	152	66	86	39.4	64.0	54.2	16.7	12.8	14.5	
11	7	3	10	7	3	2	3	133	201	-	-	334	135	206	28.6	57.6	44.3	5.2	1.5	2.9	
12	3	6	9	3	6	-	1	48	45	-	-	93	50	47	14.3	43.8	34.8	6.0	12.8	9.3	
13	3	5	8	3	5	-	1	63	103	-	-	166	59	103	35.3	50.0	43.6	5.1	4.9	4.9	
14	69	84	153	69	84	17	22	885	1,254	-	-	2,139	871	1,291	31.1	50.0	41.9	7.9	6.5	7.1	
15	-	-	-	-	-	-	-	16	-	-	-	16	24	-	89.6	-	89.6	-	-	-	Royal Military Hospital. Royal Naval Hospital. TOTAL (Naval and Military Hospitals).
16	15	-	15	15	-	7	-	155	-	-	-	155	154	-	15.0	-	15.0	9.7	-	9.7	
17	15	-	15	15	-	7	-	171	-	-	-	171	178	-	79.9	-	79.9	8.4	-	8.4	
18	26	8	34	26	8	18	4	593	190	2	-	785	588	195	23.7	73.7	35.9	4.4	4.1	4.3	Criminal Lunatic Asylum, Broadmoor.

TABLE I.—continued—METROPOLITAN LICENSED HOUSES.

HOUSES.		NUMBER OF PATIENTS, 1st JANUARY 1923.						ADMISSIONS DURING THE YEAR 1923.										DISCHARGES DURING THE YEAR 1923.								DEATHS DURING THE YEAR 1923.								NUMBER OF PATIENTS REMAINING, 1st JAN. 1924.					Average Number Resident during 1923.	
		PRIVATE (including all Criminal Patients).		RATE- AIDED.		Total Number of Lunatics.	Total Number.		Of the Total Number.						Total Number.		Of the Total Number.				Total Number.		Of the Total Number.				PRIVATE (including all Criminal Patients).		RATE- AIDED.		Total Number of Lunatics.									
									Private (including Criminal Patients).		Re-admissions known to have been at some previous time in the Institution, or in any Institution for the Insane, not including Transfers from other Institu- tions, or Re-admissions on fresh Reception Order rendered necessary by previous Order having expired under the Lunacy Act, 1890, Section 38 (1).		Transfers from other Institu- tions for the Insane.				Of the Number of Transfers.		Private (including Criminal Patients).				Private (including Criminal Patients).		Discharged Recovered.							Of the Number Discharged Recovered.		Private (including Criminal Patients).		Private (including Criminal Patients).		Post- mortem Examina- tions made.		
		M.	F.	M.	F.		M.	F.							Total.	M.					F.	M.					F.	M.	F.	M.										
Camberwell	Camberwell House	126	237	-	-	363	99	148	247	99	148	25	38	14	20	14	20	68	128	196	68	128	14	30	14	30	30	39	69	30	39	2	2	127	218	-	-	345	124	228
Chiswick	Chiswick House	17	17	-	-	34	5	1	6	5	1	-	-	2	-	2	-	5	1	6	5	1	3	1	3	1	3	-	3	3	-	-	-	14	17	-	-	31	15	16
Clapton, Upper	Brooke House	28	43	-	-	71	17	27	44	17	27	5	4	-	1	-	1	17	20	37	17	20	5	8	5	8	4	4	8	4	4	-	-	24	46	-	-	70	28	46
Finsbury Park	Northumberland House	32	55	-	-	87	19	27	46	19	27	3	3	2	3	2	3	16	24	40	16	24	1	9	1	9	2	4	6	2	4	-	-	33	54	-	-	87	34	52
Hayes, Middlesex	Hayes Park	-	19	-	-	19	-	13	13	-	13	-	2	-	1	-	1	-	11	11	-	11	-	3	-	3	-	2	2	-	2	-	-	-	19	-	-	19	-	19
Hillingdon, Ux- bridge.	Moorcroft House (and Laurel Lodge).	36	7	-	-	43	14	1	15	14	1	-	-	4	-	4	-	13	1	14	13	1	5	-	5	-	3	-	3	3	-	-	-	34	7	-	-	41	36	7
Isleworth	Wyke House	7	10	-	-	17	6	3	9	6	3	1	1	2	-	2	-	1	2	3	1	2	-	-	-	-	1	1	2	1	1	-	-	11	10	-	-	21	7	9
Peckham	Peckham House	94	233	-	-	327	42	114	156	42	114	7	28	7	13	7	13	37	98	135	37	98	8	19	8	19	10	22	32	10	22	3	4	89	227	-	-	316	87	239
Rochampton	The Priory	41	45	-	-	86	6	8	14	6	8	-	-	-	1	-	1	3	5	8	3	5	1	2	1	2	2	2	4	2	2	-	-	42	46	-	-	88	41	44
Upper Halliford, Shepperton	Halliford House	10	15	-	-	25	5	7	12	5	7	-	-	4	1	4	1	1	8	9	1	8	-	4	-	4	1	1	2	1	1	-	-	13	13	-	-	26	12	14
Tooting Rec Common	Newlands House	12	2	-	-	14	6	-	6	6	-	-	-	-	-	-	-	6	-	6	6	-	-	-	-	-	-	-	-	-	-	-	12	2	-	-	14	11	2	
South End, Catford	Flower House	17	-	-	-	17	6	-	6	6	-	-	-	6	-	6	-	2	-	2	2	-	-	-	-	-	2	-	2	2	-	-	-	19	-	-	-	19	19	-
Clapham Park	Clarence Lodge	-	11	-	-	11	-	7	7	-	7	-	-	-	1	-	1	-	7	7	-	7	-	2	-	2	-	1	1	-	1	-	-	-	10	-	-	10	-	9
Hayes, Middlesex	Mead House	-	14	-	-	14	-	4	4	-	4	-	1	-	1	-	1	-	4	4	-	4	-	-	-	-	-	-	-	-	-	-	-	-	14	-	-	14	-	14
" "	Wood End House	-	16	-	-	16	-	1	1	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2	2	-	2	-	-	-	15	-	-	15	-	16	
Hendon	Hendon Grove	-	12	-	-	12	-	9	9	-	9	-	2	-	1	-	1	-	8	8	-	8	-	3	-	3	-	-	-	-	-	-	-	13	-	-	13	-	13	
Kensington, West	Otto House	-	23	-	-	23	-	13	13	-	13	-	2	-	5	-	5	-	7	7	-	7	-	3	-	3	-	3	3	-	3	-	-	-	26	-	-	26	-	24
Southall	Featherstone Hall	-	9	-	-	9	-	1	1	-	1	-	-	-	1	-	1	-	-	-	-	-	-	-	-	-	1	1	-	1	-	-	-	9	-	-	9	-	9	
Streatham Hill	Fenstanton	-	24	-	-	24	-	12	12	-	12	-	3	-	1	-	1	-	8	8	-	8	-	3	-	3	-	5	5	-	5	-	-	-	23	-	-	23	-	24
TOTAL		420	792	-	-	1,212	225	396	621	225	396	41	84	41	50	41	50	169	332	501	169	332	37	87	37	87	58	87	145	58	87	5	6	418	769	-	-	1,187	414	785

(a) In addition to these numbers, 6 patients (2 males and 4 females) were re-admitted on fresh reception orders, rendered necessary by previous orders having expired under sec. 38 (1) of the Lunacy Act, 1890.

TABLE I.—continued—PROVINCIAL LICENSED HOUSES.

COUNTY.	HOUSES.	NUMBER OF PATIENTS. 1st JANUARY 1923.					ADMISSIONS DURING THE YEAR 1923.										DISCHARGES DURING THE YEAR 1923.										DEATHS DURING THE YEAR 1923.						NUMBER OF PATIENTS REMAINING. 1st JANUARY 1924.						Average Number Resident during 1923.		
		PRIVATE (including all Criminal Patients).	RATE- AIDED.		Total Number of Lunatics.	Total Number.	Of the Total Number.								Total Number.	Of the Total Number.						Total Number.	Of the Total Number.				PRI- VATE (in- cluding all Criminal Patients).	RATE- AIDED.	Total Num- ber of Luna- tics.												
							Private (including Criminal Patients).	Re-admissions known to have been at some previous time in the Institution, or in any Institution for the Insane, not including Transfers from other Institu- tions, or Re-admissions on fresh Reception Order rendered necessary by previous Order having expired under the Lunacy Act, 1890, Section 38 (1).	Transfers from other Institu- tions for the Insane.	Of the Number of Transfers.	Private (including Criminal Patients).	Private (including Criminal Patients).	Discharged Recovered.	Of the Number Discharged Recovered.		Private (including Criminal Patients).	Private (in- cluding Criminal Patients).	Number of Post- mortem Exami- nations made.																							
																			M.	F.	M.		F.	M.	F.	M.				F.	M.	F.	M.	F.	M.	F.	M.	F.			M.
Beds (Bedford Borough).	Bishopstone House, Bedford - -	-	10	-	-	10	-	4	4	-	4	-	-	-	1	-	1	-	2	2	-	2	-	1	-	1	-	2	2	-	2	-	-	-	10	-	-	10	-	9	
Beds - -	Springfield House, Bedford - -	17	28	-	-	45	5	6	11	5	6	-	2	1	2	1	2	4	7	11	4	7	3	4	3	4	-	-	-	-	-	-	-	18	27	-	-	45	18	27	
Derby - -	Wye House, Buxton - - -	9	11	-	-	20	1	6	7	1	6	-	1	-	-	-	-	1	4	5	1	4	1	1	1	1	-	3	3	-	3	-	-	9	10	-	-	19	9	13	
Devon - -	Court Hall, Kenton, Exeter - -	-	7	-	-	7	-	1	1	-	1	-	-	-	1	-	1	-	1	1	-	1	-	1	-	1	-	-	-	-	-	-	-	7	-	-	7	-	7		
" - -	Plympton House, Plympton - -	5	19	-	-	24	1	1	2	1	1	1	-	-	-	-	-	1	2	3	1	2	-	1	-	1	-	1	1	-	1	-	-	5	17	-	-	22	5	18	
Durham - -	Middleton Hall, Middleton St. George	8	28	-	-	36	1	6	7	1	6	-	-	-	-	-	-	1	7	8	1	7	-	4	-	4	1	1	2	1	1	-	-	7	26	-	-	33	7	26	
Essex - -	Littleton Hall, Shenfield, Brentwood -	-	22	-	-	22	-	7	7	-	7	-	-	-	1	-	1	-	7	7	-	7	-	1	-	1	-	-	-	-	-	-	-	22	-	-	22	-	23		
Gloucester - -	Northwoods, Winterbourne, Bristol -	10	17	-	-	27	10	11	21	10	11	3	2	1	2	1	2	9	11	20	9	11	2	3	2	3	1	1	2	1	1	-	-	10	16	-	-	26	11	18	
" - -	The Retreat, Fairford - - -	19	28	-	-	47	-	1	1	-	1	-	-	-	-	-	-	1	1	2	1	1	-	-	-	-	-	1	1	-	1	-	-	18	27	-	-	45	18	27	
Kent - -	Malling Place, West Malling, Maidstone	4	30	-	-	34	4	5	9	4	5	1	-	-	3	-	3	5	2	7	5	2	2	1	2	1	-	2	2	-	2	-	-	3	31	-	-	34	2	34	
Lancaster - -	Oaklands, Walmersley, Bury - -	-	10	-	-	10	-	2	2	-	2	-	-	-	-	-	-	-	1	1	-	1	-	-	-	-	-	1	1	-	1	-	-	-	10	-	-	10	-	10	
" - -	Haydock Lodge, Newton-le-Willows -	58	68	-	-	126	36	51	87	36	51	7	3	5	4	5	4	26	34	60	26	34	12	19	12	19	9	17	26	9	17	-	-	59	68	-	-	127	59	63	
" (Liver- pool City).	Tue Brook Villa, Green Lane, Liver- pool.	22	23	-	-	45	7	8	15	7	8	-	1	2	2	2	2	6	8	14	6	8	1	1	1	1	1	-	1	1	-	-	-	22	23	-	-	45	23	23	
Lancaster - -	Shaftesbury House, Formby, near Liverpool.	9	29	-	-	38	3	14	17	3	14	-	3	-	1	-	1	3	11	14	3	11	-	1	-	1	-	5	5	-	5	-	-	9	27	-	-	36	9	27	
Norfolk (Nor- wich City).	Heigham Hall, Norwich - - -	15	40	-	-	55	9	7	16	9	7	-	-	-	-	-	-	1	5	6	1	5	1	3	1	3	2	2	4	2	2	-	-	21	40	-	-	61	17	39	
" - -	The Grove, Old Catton, Norwich - -	-	17	-	-	17	-	7	7	-	7	-	1	-	-	-	-	-	4	4	-	4	-	-	-	-	-	1	1	-	1	-	-	-	19	-	-	19	-	17	
Salop - -	Stretton House, Church Stretton, Salop	34	-	-	-	34	6	-	6	6	-	4	-	-	-	-	-	9	-	9	9	-	4	-	4	-	3	-	3	3	-	-	-	28	-	-	-	28	31	-	
" - -	Grove House, All Stretton, Salop - -	-	29	-	-	29	-	9	9	-	9	-	4	-	4	-	4	-	3	3	-	3	-	1	-	1	-	2	2	-	2	-	-	-	33	-	-	33	-	30	
" - -	St. Mary's House, Whitchurch - -	-	1	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	1	-	1		
" - -	Boreatton Park, Baschurch, near Shrewsbury.	4	8	-	-	12	3	2	5	3	2	-	-	-	1	-	1	2	-	2	2	-	-	-	-	-	1	-	1	1	-	-	-	4	10	-	-	14	5	9	
Somerset - -	Brislington House, Bristol - - -	33	42	-	-	75	10	21	31	10	21	2	7	1	1	1	1	7	14	21	7	14	1	7	1	7	2	2	4	2	2	1	1	34	47	-	-	81	34	44	
" - -	Bailbrook House, Bath Easton, Bath -	3	24	-	-	27	-	8	8	-	8	-	3	-	2	-	2	-	9	9	-	9	-	3	-	3	-	2	2	-	2	-	-	3	21	-	-	24	3	23	
Stafford - -	Ashwood House, Kingswinford, Dudley	11	16	-	-	27	2	3	5	2	3	-	-	-	-	-	-	2	1	3	2	1	-	1	-	1	3	1	4	3	1	1	-	8	17	-	-	25	8	17	
" - -	Moat House, Tamworth - - -	-	6	-	-	6	-	2	2	-	2	-	-	-	-	-	-	-	1	1	-	1	-	-	-	-	-	-	-	-	-	-	-	-	7	-	-	7	-	6	
Surrey - -	The Silver Birches, Church St., Epsom	-	9	-	-	9	-	1	1	-	1	-	-	-	1	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	10	-	-	10	-	9	
Sussex - -	Ticehurst House, Ticehurst - - -	41	44	-	-	85	8	7	15	8	7	-	-	4	3	4	3	5	4	9	5	4	-	-	-	-	-	3	1	4	3	1	-	-	41	46	-	-	87	41	44

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Appendix A. to Tenth Report of the Board of Control.

TABLE I.—continued—PROVINCIAL LICENSED HOUSES—continued.

COUNTY.	H O U S E S.	NUMBER OF PATIENTS, 1st JANUARY 1923.						ADMISSIONS DURING THE YEAR 1923.										DISCHARGES DURING THE YEAR 1923.										DEATHS DURING THE YEAR 1923.						NUMBER OF PATIENTS REMAINING, 1st JANUARY 1924.						Average Number Resident during 1923.	
		PRIVATE (including all Criminal Patients).		RATE- AIDED.		Total Number of Lunatics.	Total Number.		Of the Total Number.								Total Number.		Of the Total Number.						Total Number.		Of the Total Number.				PRIVATE (including all Criminal Patients).		RATE- AIDED.		Total Num- ber of Luna- tics.						
									Private (including Criminal Patients).		Re-admissions known to have been at some previous time in the Institution, or in any Institution for the Insane, not including Transfers from other Institu- tions, or Re-admissions on fresh Reception Order rendered necessary by previous Order having expired under the Lunacy Act, 1890, Section 38 (1).		Transfers from other Institu- tions for the Insane.		Of the Number of Transfers.				Private (in- cluding Criminal Patients).		Private (including Criminal Patients).		Discharged Recovered.				Of the Number Discharged Recovered.		Private (including Criminal Patients).							Private (in- cluding Criminal Patients).		Number of Post- mortem Exami- nations made.			
M.	F.	M.	F.		M.	F.	Total.	M.	F.		M.	F.		M.	F.		M.	F.		M.	F.		M.	F.		M.	F.		M.	F.		M.	F.		M.	F.					
Sussex	St. George's Retreat, Burgess Hill	-	68	-	-	68	-	8	8	-	8	-	4	-	1	-	1	-	5	5	-	5	-	1	-	1	-	3	3	-	3	-	-	-	68	-	-	68	-	61	
"	Periteau House, Winchelsea	-	3	-	-	3	-	4	4	-	4	-	-	-	-	-	-	-	3	3	-	3	-	2	-	2	-	-	-	-	-	-	4	-	-	4	-	4			
" (Hastings Borough).	Ashbrook Hall, Hollington, St. Leonard's-on-Sea.	-	6	-	-	6	-	3	3	-	3	-	-	-	-	-	-	-	3	3	-	3	-	-	-	-	-	-	-	-	-	6	-	-	6	-	6				
Warwick	Glendossill, Henley - in - Arden, Birmingham.	9	27	-	-	36	11	13	24	11	13	-	6	3	1	3	1	6	15	21	6	15	3	5	3	5	3	2	5	3	2	-	-	11	23	-	-	34	9	25	
Wilts	Laverstock House, Salisbury	23	29	-	-	52	5	15	20	5	15	1	1	-	2	-	2	4	6	10	4	6	2	4	2	4	2	2	4	2	2	-	-	22	36	-	-	58	21	32	
" (New Sarum City).	The Old Manor, Salisbury	100	178	-	-	278	202	88	290	202	88	4	12	176	46	176	46	23	43	66	23	43	7	15	7	15	13	15	28	13	15	1	-	266 (b)	208	-	-	474	181	196	
Wilts	Fiddington House, Market Lavington, Devizes.	5	11	-	-	16	7	9	16	7	9	-	-	3	4	3	4	-	2	2	-	2	-	-	-	-	1	1	-	1	-	-	12	17	-	-	29	9	14		
"	Kingsdown House, Box, Chippenham	3	27	-	-	30	-	1	13	-	13	-	2	-	3	-	3	-	11	11	-	11	-	7	-	7	-	1	1	-	1	-	-	3	28	-	-	31	3	26	
Yorks, W.R.	Greta Bank, Burton - in - Lonsdale, Kirkby Lonsdale.	-	9	-	-	9	-	1	1	-	1	-	-	-	1	-	1	-	2	2	-	2	-	-	-	-	-	-	-	-	-	-	8	-	-	8	-	8			
" (Rother- ham Borough).	The Grange, Kimberworth, Rother- ham.	-	16	-	-	16	-	12	12	-	12	-	-	-	1	-	1	-	10	10	-	10	-	6	-	6	-	2	2	-	2	-	-	-	16	-	-	16	-	16	
York (York City)	The Pleasaunce, Heworth, York	-	12	-	-	12	-	4	4	-	4	-	-	-	1	-	1	-	5	5	-	5	-	1	-	1	-	-	-	-	-	-	-	11	-	-	11	-	10		
TOTAL -		442	952	-	-	1,394	331	360	691	331	360	(a)		196	89	196	89	116	244	360	116	244	39	94	39	94	44	71	115	44	71	3	1	613 (b)	997	-	-	1,610	523	962	

(a) In addition to these numbers, 10 patients (1 male and 9 females) were re-admitted on fresh Reception Orders, rendered necessary by previous Orders having expired under section 38 (1) of the Lunacy Act, 1890.
(b) 152 of these patients were Ex-Service men paid for by the Ministry of Pensions.

Appendix A. to Tenth Report of the Board of Control.

TABLE I.—continued.

S U M M A R Y.

	NUMBER OF PATIENTS, 1st JANUARY 1923.					ADMISSIONS DURING THE YEAR 1923.												DISCHARGES DURING THE YEAR 1923.										DEATHS DURING THE YEAR 1923.								NUMBER OF PATIENTS REMAINING, 1st JANUARY 1924.								Average Number Resident during 1923.	
	PRIVATE (including all Criminal Patients).		RATE- AIDED.		Total Number of Lunatics.	Total Number.			Of the Total Number.								Total Number.			Of the Total Number.							Total Number.			Of the Total Number.				PRIVATE (including all Criminal Patients).		RATE- AIDED.		Total Num- ber of Luna- tics.							
									Private (including Criminal Patients).		Re-admissions known to have been at some previous time in the Institution, or in any Institution for the Insane, not including Transfers from other Institu- tions, or Re-admissions on fresh Reception Order rendered necessary by previous Order having expired under the Lunacy Act, 1890, Section 38 (1).		Transfers from other Institutions for the Insane.		Of the Number of Transfers. Private (including Criminal Patients).					Private (including Criminal Patients).		Discharged Recovered.		Of the Number Dis- charged Recovered. Private (including Criminal Patients).						Private (including Criminal Patients).		Number of Post- mortem Exami- nations made.													
	M.	F.	M.	F.		M.	F.	Total.									M.	F.	M.								F.	M.	F.					M.	F.	Total.	M.		F.	M.	F.	M.	F.	M.	F.
COUNTY, DISTRICT, AND COUNTY - BOROUGH MENTAL HOSPITALS.	5,917	2,699	38,367	53,096	100,079	10,676	13,218	23,894	500	690	1,526	2,284	1,104	1,388	167	144	5,131	7,086	12,217	944	607	2,664	3,980	369	278	3,932	3,932	7,864	394	223	2,629	2,602	6,030	2,813	39,867	55,182	103,892	45,155	56,921						
REGISTERED HOSPITALS -	870	1,303	-	-	2,173	257	341	598	257	341	32	62	48	63	48	63	173	306	479	173	306	65	138	65	138	69	84	153	69	84	17	22	885	1,254	-	-	2,139	871	1,291						
METROPOLITAN LICENSED HOUSES.	420	792	-	-	1,212	225	396	621	225	396	41	84	41	50	41	50	169	332	501	169	332	37	87	37	87	58	87	145	58	87	5	6	418	769	-	-	1,187	414	785						
PROVINCIAL LICENSED HOUSES.	442	952	-	-	1,394	331	360	691	331	360	23	52	196	89	196	89	116	244	360	116	244	39	94	39	94	44	71	115	44	71	3	1	613	997	-	-	1,610	523	962						
NAVAL AND MILITARY HOSPITALS.	182	-	-	-	182	154	-	154	154	-	2	-	-	-	-	-	150	-	150	150	-	123	-	123	-	15	-	15	15	-	7	-	171	-	-	-	171	178	-						
CRIMINAL ASYLUM -	585	194	2	-	781	65	19	84	65	19	1	-	6	-	6	-	31	15	46	31	15	14	14	14	14	26	8	34	26	8	18	4	593	190	2	-	785	588	195						
PRIVATE SINGLE PATIENTS.	127	299	-	-	426	60	129	189	60	129	6	7	46	101	46	101	58	111	169	58	111	16	24	16	24	10	19	29	10	19	-	-	119	298	-	-	417	123	298						
TOTAL - -	8,543	6,239	38,369	53,096	106,247	11,768	14,463	26,231	1,592	1,935	1,631	2,489	1,441	1,691	504	447	5,828	8,094	13,922	1,641	1,615	2,958	4,337	663	635	4,154	4,201	8,355	616	492	2,679	2,635	8,829	6,321	39,869	55,182	110,201	47,852	60,452						
											(a)	(b)									(c)											(d)													

(a) In addition to these numbers, 1,504 patients (1,138 males and 366 females) were transferred, while resident during 1923, from the Rate-aided to the Private Class.
(b) In addition to these numbers, 45 patients (17 males and 28 females) were re-admitted on fresh Reception Orders, rendered necessary by previous Orders having expired under section 38 (1) of the Lunacy Act, 1890.
(c) In addition to these numbers, 241 patients (144 males and 97 females) were transferred, while resident during 1923, from the Private to the Rate-aided Class; and 58 Criminal (Private) Patients (43 males and 15 females) were retained in the Institution as Rate-aided Patients on their ceasing to be "Criminals" during the same year.
(d) 4,775 of these patients were Ex-Service men paid for by the Ministry of Pensions, and classed as "Service" patients.

TABLE II.—COUNTY, DISTRICT, AND
TOTAL EXPENDITURE; AVERAGE WEEKLY COST of
and WEEKLY CHARGE for PATIENTS

COUNTY, DISTRICT, AND COUNTY-BOROUGH MENTAL HOSPITALS.	TOTAL EXPENDITURE during the Year ended 31st March 1923.					AVERAGE WEEKLY COST					
	On Maintenance Account.		On Building and Repairs Account (not including Cost of any Part of the Buildings in the Original Design).		Rent of Land rented.	Provisions not supplied from Institution Garden and Farm, but procured from outside the Institution (including Malt Liquor in ordinary Diet).	Clothing.	Salaries and Wages (excluding Deductions for Board, Lodging, and Washing, and Deductions under the Asylums Officers' Superannuation Act, 1909).	Pensions, Gratitudes, &c. (charged to Maintenance Account).	Necessaries; e.g., Fuel, Light, and Washing.	
	Exclusive of Pensions, Gratitudes, &c.	Pensions, Gratitudes, &c.	Exclusive of Pensions, Gratitudes, &c.	Pensions, Gratitudes, &c.							
COUNTY AND DISTRICT MENTAL HOSPITALS.	£	£	£	£	£	s. d.	d.	s. d.	d.	s. d.	d.
Beds, Herts, and Hunts* -	59,865	1,542	16,037	606	—	3 5 ¹ / ₂	1/9	8 4 ¹ / ₄	7 ¹ / ₄	2 5 ¹ / ₂	—
Berks, Reading C.B., Newbury B., and New Windsor B.	35,308	901	10,507	35	—	3 6 ³ / ₈	11 ⁵ / ₈	7 6	5 ³ / ₈	1 11 ³ / ₈	—
Brecon, Radnor, and Montgomery C.	26,086	12	2,846	—	2	4 8 ⁵ / ₈	1/10 ¹ / ₈	6 4 ³ / ₈	—	4 —	—
Bucks - - - - -	35,006	1,030	5,536	367	120	4 9	1/7 ¹ / ₂	7 10	7	2 —	—
Cambridge C., Isle of Ely, and Cambridge B.	42,363	1,355	3,497	9	57	6 1 ¹ / ₂	1/3	9 10 ³ / ₄	10 ³ / ₄	2 11	—
Carmarthen, Cardigan, and Pembroke C.	37,368	492	2,661	150	—	5 8 ¹ / ₄	1/4 ⁷ / ₈	8 6 ³ / ₄	4	2 8	—
Chester C., Birkenhead C.B., Stockport C.B. (part) and Wallasey C.B.:											
Chester - - - - -	66,815	1,123	6,625	341	—	4 3	1/2 ³ / ₄	8 4 ¹ / ₄	3 ³ / ₄	1 9 ³ / ₄	—
Parkside - - - - -	56,719	2,370	7,997	313	158	4 3 ³ / ₈	11 ¹ / ₄	7 3 ¹ / ₂	8 ⁷ / ₈	2 1 ⁷ / ₈	—
Cornwall - - - - -	55,335	280	5,516	—	106	2 11	1/- ³ / ₈	9 0	1 ¹ / ₄	2 5	—
Cumberland, Westmorland, and Carlisle C.B.	43,713	1,133	3,504	229	—	5 2 ⁷ / ₈	1/3 ¹ / ₄	7 10 ³ / ₈	6 ³ / ₈	1 6 ³ / ₈	—
Denbigh, Anglesea, Car- narvon, Flint, and Merioneth C.*	54,387	1,055	3,366	53	231	5 6 ³ / ₄	1/8 ⁵ / ₈	6 5 ³ / ₈	5	2 10 ³ / ₈	—
Derby C. - - - - -	41,605	2,275	4,767	954	—	4 2 ³ / ₈	1/8	8 7 ¹ / ₈	1/3	3 7 ⁵ / ₈	—
Devon - - - - -	63,770	2,876	6,211	111	—	4 - ⁷ / ₈	1/8 ⁷ / ₈	9 1 ¹ / ₂	1/- ¹ / ₈	2 7 ⁷ / ₈	—
Dorset - - - - -	56,483	1,683	6,815	77	—	7 3 ¹ / ₄	1/2 ⁵ / ₈	9 1 ³ / ₈	9 ¹ / ₂	3 2 ³ / ₈	—
Durham C., and Darling- ton C.B.	87,964	1,910	7,231	345	210	3 8 ¹ / ₂	1/5	12 3 ³ / ₄	6 ¹ / ₄	2 8 ¹ / ₂	—
Essex, and Colchester B.:											
Brentwood - - - - -	93,532	2,416	9,714	2,870	19	4 5 ¹ / ₂	1/2 ⁵ / ₈	9 1 ³ / ₄	6 ³ / ₄	2 8 ⁵ / ₈	—
Severalls - - - - -	102,392	80	6,382	—	116	5 9 ¹ / ₂	1/2 ¹ / ₂	10 0 ¹ / ₂	- ¹ / ₄	2 9	—
Glamorgan and Merthyr Tydfil C.B.	107,011	1,151	7,206	82	—	3 0 ¹ / ₂	1/5 ³ / ₄	10 0 ¹ / ₄	3	2 9 ¹ / ₂	—
Gloucester C., and Glou- cester C.B.	68,262	1,290	8,870	515	—	5 1 ³ / ₄	1/8 ¹ / ₂	7 0 ¹ / ₄	5	2 9	—
Hants, Bournemouth C.B. and Southampton C.B.:											
Knowle - - - - -	56,522	885	6,636	144	—	4 4 ³ / ₄	11 ¹ / ₂	9 7 ³ / ₄	4	2 4	—
Park Prewett - - - -	33,460	3	10,167	—	19	5 3 ³ / ₈	3 ³ / ₄	8 11	—	2 2 ⁷ / ₈	—
Hereford C., and Here- ford B.	27,845	262	3,297	—	—	4 7 ⁵ / ₈	1/2 ⁵ / ₈	10 4 ¹ / ₄	2 ⁵ / ₈	2 6 ¹ / ₈	—
Herts - - - - -	53,713	224	2,899	32	7	4 3 ¹ / ₄	1/4 ³ / ₈	12 1 ⁵ / ₈	1 ¹ / ₄	3 1 ⁵ / ₈	—
Kent, and Gravesend B.:											
Barming Heath - - -	92,431	2,632	9,469	162	—	4 7 ³ / ₄	1/6 ¹ / ₈	7 11 ³ / ₈	7 ¹ / ₄	2 11	—
Chartham - - - - -	69,259	2,453	5,627	353	—	4 11 ¹ / ₈	1/8 ¹ / ₂	9 6 ¹ / ₈	10 ³ / ₈	3 5 ⁷ / ₈	—

* Cost of land purchased: Three Counties, 351*l.*; Denbigh, 1,766*l.*

COUNTY-BOROUGH MENTAL HOSPITALS.

MAINTENANCE, MEDICINE, CLOTHING, and CARE of PATIENTS ;
during the Year ended 31st March 1923.

during the Year ended 31st March 1923.										Daily Average Number of Patients resident during Year ended March 31st, 1923.		WEEKLY CHARGE during the Year ended 31st March 1923.				
Surgery and Dispensary.	Malt Liquor, Wine, and Spirits (not included in ordinary Diet).	Charged to Maintenance Account.			Less Moneys received for Articles, Goods, and Produce sold (exclusive of those consumed in the Institution).	Total Average Weekly Cost per Head.	Private (including "Service" and Criminal Patients).		Rate-aided.	Rate-aided Patients from Counties or Boroughs (or from Unions within such Counties or Boroughs) to which the Mental Hospital belongs.	Rate-aided Patients from other Counties or Boroughs (or from Unions within such other Counties or Boroughs).	Private Patients (not including "Service" and Criminal Patients)				
		Furniture and Bedding.	Garden and Farm.	Miscellaneous.												
d. 3 -7/8	d. -- --	d. 11 3/4 9 3/4	s. d. 3 9 3/4 1 1 1/2	s. d. 2 4 3/4 1 8 3/4	d. 1/7 5/8 4 7/8	s. d. 22 5 1/4 17 8 3/4			90 41	882 725	s. d. 25 2 3/4(a) 17 4 1/4(a)	s. d. 30 5 3/4(a) 24 4 1/4(a)	s. d. 35/ to 56/ --			
1	--	1/4 3/8	2 3	1 9 7/8	1/- 1/2	21 4 7/8	34	412			22 2(a)	27 2(a)	24/2(a) and 27/2(a)			
1 3/4 1 3/4	-1/4 -1/8	1/1 1/2 10 1/4	1 3 1/4 4 -3/4	1 8 3/4 2 4 1/8	9 1/2 2/4 1/2	20 3 1/2 26 1 1/2	75 31	606 548			19 5(a) 22 -1/4(a)	26 10 22 -1/4(a)	17/6 to 49/ 32 9(a)			
1 3/4	1	5 3/4	-- 11	2 9	1	22 11 3/8	44	530			22 10 3/4	22 10 3/4	30/ to 63/			
2 1/2 1 1/2 1 1/8 -1/2	-1/8 -1/8 -1/8 -1/8	10 1/2 6 1/4 9 1/4 1/7 1/4	-- 9 1/4 -- 11 3/4 2 9 1/2 1 9 1/8	1 3 3/8 1 2 3/4 1 5 5/8 1 1 1/2	7 1/8 6 1/4 3 1/8 1/2 3/8	18 6 1/8 17 9 20 4 1/8 19 9 3/8	162 209 108 83	1,201 1,031 927 737			17 6(a) 17 6(a) 20 6 3/4 21 7(a)	24 6 23 2 1/4(a) 33 6 21 7(a)	28/ to 42/ 28/ to 77/ 30/ to 84/ 31/6 and 42/			
-7/8	-5/8	10 3/4	1 5 3/4	1 6 3/4	8 1/4	20 4 5/8	121	860			20 5(a)	24 6(a)	29/ to 73/6			
1 1/2 2	-3/8 -1/8	1/4 3/8 1/7	1 6 1/8 1 1 3/8	2 2 2 1 3/8	6 1/2 4 1/4	24 -- 23 3 3/8	37 97	658 983			22 9 25 5(a)	26 3 27/5(a) and 30/5(a)	-- 35/ to 63/			
2 1/8 1 3/8	-1/2 --	1/7 1/8 6 3/8	2 -1/8 2 9 1/4	1 9 5/8 2 2	1/5 7/8 1/2	25 8 3/4 25 1	220 109	595 1,207			21 5 1/4(a) 30 -1/2(a)	28 -(a) 33 6 1/2(a)	31/6 to 42/ and upwards 28/ to 41/5			
1 3/4 2 3/4 1 1/4	-- -- -1/2	1/2 11 1/2 10	1 -3/4 1 11 1/2 2 2 1/2	1 11 1/2 3 5 1/4 2 11 3/4	2 1/8 2/7 1/4 4	22 3 1/8 23 9 1/2 23 5	95 148 128	1,545 1,341 1,624			25 9 3/4(a) 25 9 3/4(a) 24 4(a)	30 11 3/4(a) 30 11 3/4(a) 29 11(a)	-- 47 4(a) 24/4(a) to 38/4(a) 28/ to 60			
1 1/2	-1/4	1/9 1/4	2 2 1/2	1 5 1/2	10	21 9 1/2	84	1,080			21 7	28 0				
2 1/2 1 2 3/8	-- -- -1/8	9 1/4 1 3/8 1/1 7/8	-- 8 1/2 2 4 7/8 1 1 3/4	1 7 3/4 1 7 1/2 1 6 1/8	11 2/9 3/4 6	20 1 18 2 22 5 3/4	43 40 35	1,005 645 434			26 10 26 10(a) 23 5 3/4(a)	30 11 30 11(a) 26 --	-- 35/ and 63/ 24 --			
2 1/2	-1/8	10 1/4	1 11 7/8	1 9 1/2	11 1/4	24 11 1/8	46	784			28 8 3/4(a)	33 11 3/4(a)	28 8 3/4(a) & 33 11 3/4(a)			
2 1/2 2 5/8	-- -1/8	8 7/8 11 3/8	1 3 1/8 1 5 1/8	1 11 7/8 1 11 3/4	5 7/8 1/- 1/2	21 4 24 1 1/4	86 53	1,593 1,041			24 11 1/4(a) 24 11 1/4(a)	24 11 1/4(a) 24 11 1/4(a)	35 -- 35 --			

(a) Average.

TABLE II.—COUNTY, DISTRICT, AND

TOTAL EXPENDITURE; AVERAGE WEEKLY COST OF
and WEEKLY CHARGE for PATIENTS,

COUNTY, DISTRICT, AND COUNTY-BOROUGH MENTAL HOSPITALS. C. = County. C.B. = County-Borough. B. = Borough of Schedule IV. of Lunacy Act, 1890.	TOTAL EXPENDITURE during the Year ended 31st March 1923.					AVERAGE WEEKLY COST									
	On Maintenance Account.		On Building and Repairs Account (not including Cost of any Part of the Buildings in the Original Design).		Rent of Land rented.	Provisions not supplied from Institution Garden and Farm, but procured from outside the Institution (including Malt Liquor in ordinary Diet).	Clothing.	Salaries and Wages (excluding Deductions for Board, Lodging, and Washing, and Deductions under the Asylums Officers' Superannuation Act, 1909).	Pensions, Gratuities, &c. (charged to Maintenance Account).	Necessaries; e.g., Fuel, Light, and Washing.					
	Exclusive of Pensions, Gratuities, &c.	Pensions, Gratuities, &c.	Exclusive of Pensions, Gratuities, &c.	Pensions, Gratuities, &c.											
COUNTY AND DISTRICT MENTAL HOSPITALS —cont.															
Lancaster C., all the County Boroughs, and Stockport C.B. (part):	£	£	£	£	£	s.	d.	d.	s.	d.	d.	s.	d.		
Lancaster - - -	133,044	2,689	14,426	749	—	5	— ³ / ₄	1/1 ³ / ₈	10	5 ¹ / ₈	5 ¹ / ₈	2	2 ⁵ / ₈		
Rainhill* - - -	118,917	1,128	12,268	1,157	—	3	9	1/2	12	— ¹ / ₈	2 ¹ / ₂	1	5		
Prestwich - - -	160,708	3,794	18,831	1,253	—	4	5 ⁷ / ₈	1/4 ¹ / ₈	11	1 ¹ / ₂	6 ⁵ / ₈	2	9		
Whittingham - -	149,411	2,903	21,928	1,802	170	3	10 ¹ / ₈	10 ¹ / ₂	9	1 ¹ / ₈	4 ⁷ / ₈	2	4		
Winwick - - -	79,558	1,172	4,902	46	260	4	7 ⁷ / ₈	2/4 ³ / ₄	18	— ¹ / ₄	6 ³ / ₄	3	—		
Leicester C., and Rutland	35,125	197	3,118	214	—	5	4 ¹ / ₄	8 ¹ / ₂	7	11 ⁵ / ₈	1 ¹ / ₂	2	10 ³ / ₈		
Lincoln C. (Lindsey and Holland Divisions), Grimsby C.B., Lincoln C.B.	53,924	794	3,859	122	—	4	10 ³ / ₈	1/5	8	6 ³ / ₈	3 ¹ / ₈	3	— ⁵ / ₈		
Lincoln C. (Kesteven Div.)	25,741	429	2,160	—	—	5	6 ¹ / ₄	1/1 ³ / ₄	7	3 ⁵ / ₈	4 ¹ / ₄	3	10 ¹ / ₄		
London C.:															
Banstead - - -	141,750	3,865	66	114	—	4	3 ¹ / ₄	1/— ³ / ₈	11	11 ⁷ / ₈	7 ⁵ / ₈	2	3 ¹ / ₄		
Bexley - - -	144,091	3,476	7,798	102	—	4	8 ¹ / ₂	1/— ⁵ / ₈	12	4 ⁷ / ₈	7 ⁵ / ₈	2	6 ³ / ₈		
Cane Hill - - -	140,401	3,553	9,615	105	56	4	3 ⁷ / ₈	1/3 ¹ / ₄	12	3	7 ⁵ / ₈	2	2 ⁷ / ₈		
Claybury* - - -	164,504	4,110	8,497	121	—	4	3 ¹ / ₈	11 ³ / ₈	12	1 ⁷ / ₈	7 ⁵ / ₈	2	5 ¹ / ₄		
Colney Hatch* - -	165,669	4,287	10,485	126	—	4	— ¹ / ₈	1/2	12	6 ³ / ₈	7 ¹ / ₂	2	2		
Hanwell - - -	160,848	4,110	13,779	121	223	4	— ⁵ / ₈	11 ¹ / ₄	12	11 ⁵ / ₈	7 ⁵ / ₈	2	3 ³ / ₈		
Horton - - -	138,132	2,691	7,165	79	—	4	11 ³ / ₈	1/—	12	10 ³ / ₈	7 ⁵ / ₈	2	8 ³ / ₄		
Long Grove - - -	135,154	3,444	9,163	102	—	4	3 ¹ / ₂	1/—	12	5 ³ / ₈	7 ⁵ / ₈	2	2 ³ / ₄		
Middlesex:															
Wandsworth - - -	83,508	4,189	10,047	827	—	3	9 ³ / ₄	1/3	11	9 ¹ / ₄	1/3	2	7 ³ / ₄		
Napsbury - - -	104,843	186	8,034	—	114	6	1	1/2 ⁷ / ₈	10	5	— ¹ / ₂	2	7 ¹ / ₂		
Monmouth C. - - -	54,283	1,591	4,206	243	—	4	9 ¹ / ₄	1/4 ³ / ₄	8	9 ³ / ₄	7 ¹ / ₄	1	8 ¹ / ₄		
Norfolk - - -	59,393	1,943	9,582	189	110	4	10	1/6 ¹ / ₂	10	6 ¹ / ₄	10 ¹ / ₈	3	9 ⁷ / ₈		
Northampton C. - -	46,104	748	6,710	17	—	4	3 ⁵ / ₈	1/3	8	6 ¹ / ₂	3 ³ / ₄	2	4 ³ / ₈		
Northumberland and Tynemouth C.B.	44,218	2,459	2,236	546	201	3	6	1/6 ³ / ₄	10	3 ¹ / ₄	1/4 ⁵ / ₈	3	1 ⁷ / ₈		
Nottingham C. - - -	32,550	149	2,458	342	—	3	10 ¹ / ₈	9 ³ / ₄	8	11	1 ¹ / ₈	3	2 ³ / ₄		
Oxford C., and Oxford C.B.†	17,470	481	20,796	280	—	—	—	—	—	—	—	—	—		
Salop, Shrewsbury B., and Wenlock B.	35,348	221	5,147	356	45	3	9 ³ / ₄	1/7	7	1 ³ / ₈	1 ³ / ₈	2	5 ³ / ₈		
Somerset and Bath C.B.:															
Wells - - -	37,777	1,666	5,360	273	180	3	11	1/5 ³ / ₈	7	11 ⁵ / ₈	9 ¹ / ₄	1	8 ⁵ / ₈		
Cotford - - -	37,654	363	3,881	43	129	3	9 ³ / ₄	11	8	—	2 ³ / ₈	2	4 ³ / ₄		

(a) Average.

* Cost of land purchased: Rainhill, 419*l.*; Claybury (tithe redemption), 789*l.*; Colney Hatch (tithe redemption), 48*l.*

COUNTY-BOROUGH MENTAL HOSPITALS—continued.

MAINTENANCE, MEDICINE, CLOTHING, and CARE of PATIENTS ;
during the Year ended 31st March 1923.

during the Year ended 31st March 1923.										Daily Average Number of Patients resident during Year ended March 31st, 1923.		WEEKLY CHARGE during the Year ended 31st March 1923.			
Surgery and Dispensary.	Malt Liquor, Wine, and Spirits (not included in ordinary Diet).	Charged to Maintenance Account.			Less Moneys received for Articles, Goods, and Produce sold (exclusive of those consumed in the Institution).	Total Average Weekly Cost per Head.	Private (including "Service" and Criminal Patients).	Rate-aided.			Rate-aided Patients from Counties or Boroughs (or from Unions within such Counties or Boroughs) to which the Mental Hospital belongs.	Rate-aided Patients from other Counties or Boroughs (or from Unions within such other Counties or Boroughs).	Private Patients (not including "Service" and Criminal Patients).		
		Furniture and Bedding.	Garden and Farm.	Miscellaneous.											
d.	d.	d.	s. d.	s. d.	d.	s. d.					s. d.	s. d.	s. d.		
1½	¼	11¾	- 4¾	1 1¾	6½	21 3¾	409	1,973	24	2½(a)	26	6½(a)	28/ to 105/		
1½	¼	8¾	1 1¼	1 4¾	9½	21 1½	192	1,883	24	2½(a)	26	6½(a)	29 2½(a)		
1¼	¼	11¾	1 1¼	1 3¾	6	23 2¾	281	2,392	24	2½(a)	26	6½(a)	24/6 to 35/		
2½	¾	1/1¼	2 6¾	- 11½	1/9½	19 7½	141	2,584	24	2½(a)	26	6½(a)	30 -		
3¾	1¼	1/4	4 7¾	3 6¾	2/11½	35 7½	2	800	24	2½(a)	26	6½(a)	-		
1¾	¼	9¾	1 9¾	1 10½	1/4	20 4½	60	566	21	10½(a)	24	2½(a)	-		
1¾	¼	5¼	1 -½	2 2¼	8¾	21 3½	39	918	22	2(a)	27	2(a)	-		
1½	-	4¼	1 5	1 8¼	1/-¼	20 8½	41	417	25	6	29	6	31/6 to 52/6		
2½	¼	8½	- 9¾	1 11½	1	23 10½	149	2,185	28	1¾(a)	28	1¾(a)	30 2¼(a)		
2¾	-	8¾	1 6¾	3 2¾	4	26 7½	119	1,980	28	1¾(a)	28	1¾(a)	25/8 to 33/3		
2½	-	11	1 7½	2 3½	5¾	25 3¾	137	2,009	28	1¾(a)	28	1¾(a)	28/1¾(a) and		
2½	¼	9¾	1 4¼	3 3½	4¾	25 8¼	247	2,235	28	1¾(a)	28	1¾(a)	32/2¾(a)		
2½	-	8¾	1 4¼	2 5	2¾	24 11¾	114	2,475	28	2(a)	28	2(a)	28/1¾(a) to		
2¼	-	9¾	1 2	2 6	3	25 2¾	134	2,348	28	2(a)	28	2(a)	71/9(a)		
2¼	¼	9½	2 1¾	3 1	5	28 -¼	158	1,467	28	2(a)	28	2(a)	25/8 to 33/3		
2½	-	10½	1 2¾	2 7¾	2¾	25 3¾	224	1,876	28	2(a)	28	2(a)	28/2(a) to 39/4¾		
2	-	1/-½	1 4¼	2 8¼	5½	25 6¼	103	1,186	22	9(a)	22	9(a)	29/9 to 33/3		
1½	-	1/-¾	- -¼	1 11	7¼	22 11½	83	1,626	22	9(a)	22	9(a)	42/ and 63/		
1½	½	10	1 5½	1 10½	4¼	21 3	94	922	26	3	30	-	42 -		
3¾	¼	9¾	2 3¾	2 2¾	11¾	26 2¾	51	859	29	2(a)	36	2(a)	26/3 to 42/		
1¾	½	6½	1 2¾	1 -¾	1/1½	18 7¼	64	849	16	11	26	11	44 2(a)		
2¼	¾	9½	3 4	1 11½	7¾	25 6¾	30	654	23	4	42	-	27/5 and 37/5		
1½	-	6½	1 11¾	1 10¾	2/1	19 4¾	27	553	23	7½(a)	28	-	42 -		
-	-	-	-	-	-	-	11	269	26	10	32	1	31/6 to 42/		
1¾	¾	11	- 11	1 -¼	1/1¼	17 -	70	697	18	4½(a)	22	3¾(a)	-		
1¾	-	9½	1 10½	1 1¾	6¾	19 1½	45	731	20	5	30	4	25 4½(a)		
1	¾	8¾	1 10½	1 2¾	4¾	18 10½	62	623	20	5(a)	42	-	30 4		
													29 -(a)		

† Statement of Average Weekly Cost is not given as the Institution was on loan to the Ministry Pensions during part of the year.

TABLE II.—COUNTY, DISTRICT, AND
TOTAL EXPENDITURE; AVERAGE WEEKLY COST OF
and WEEKLY CHARGE for PATIENTS,

COUNTY, DISTRICT, AND COUNTY-BOROUGH MENTAL HOSPITALS. C. = County. C.B. = County-Borough. B. = Borough of Schedule IV. of Lunacy Act, 1890.	TOTAL EXPENDITURE during the Year ended 31st March 1923.					AVERAGE WEEKLY COST							
	On Maintenance Account.		On Building and Repairs Account (not including Cost of any Part of the Buildings in the Original Design).		Rent of Land rented.	Provisions not supplied from Institution Garden and Farm, but procured from outside the Institution (including Malt Liquor in ordinary Diet).	Clothing.	Salaries and Wages (excluding Deductions for Board, Lodging, and Washing, and Deductions under the Asylums Officers' Superannuation Act, 1909).	Pensions, Gratutities, &c. (charged to Maintenance Account).	Necessaries; e.g., Fuel, Light, and Washing.			
	Exclusive of Pensions, Gratuities, &c.	Pensions, Gratuities, &c.	Exclusive of Pensions, Gratuities, &c.	Pensions, Gratuities, &c.									
COUNTY AND DISTRICT MENTAL HOSPITALS —cont.	£	£	£	£	£	s.	d.	d.	s.	d.	d.	s.	d.
Stafford C., Burton-on-Trent C.B., Smethwick C.B., Stoke-on-Trent C.B. (part) and Newcastle-under-Lyme B.:													
Stafford - - -	57,521	925	4,956	—	—	5	— $\frac{1}{2}$	1/11 $\frac{7}{8}$	10	9	4 $\frac{7}{8}$	2	7
Burntwood - - -	51,224	796	3,747	301	15	5	— $\frac{3}{8}$	1/9 $\frac{1}{2}$	9	5 $\frac{1}{2}$	4 $\frac{3}{8}$	2	11
Cheddleton - - -	62,336	539	5,295	—	—	6	2 $\frac{1}{2}$	1/2 $\frac{1}{2}$	9	5 $\frac{1}{4}$	2 $\frac{1}{2}$	3	— $\frac{1}{2}$
Suffolk, E. and W. - -	56,084	591	4,629	317	—	4	8 $\frac{5}{8}$	1/4 $\frac{3}{8}$	9	6 $\frac{1}{4}$	2 $\frac{7}{8}$	2	6 $\frac{1}{8}$
Surrey and (for Brookwood) Guildford B.:													
Brookwood - - -	70,184	2,226	8,584	416	—	5	2 $\frac{1}{2}$	1/11 $\frac{5}{8}$	7	8 $\frac{3}{4}$	7 $\frac{1}{2}$	2	9 $\frac{3}{8}$
Netherne - - -	58,371	1,046	6,471	—	—	6	2 $\frac{1}{8}$	1/1 $\frac{1}{4}$	9	4 $\frac{3}{4}$	5 $\frac{1}{4}$	3	— $\frac{3}{4}$
Sussex, E. - - -	74,152	236	8,593	—	—	5	7 $\frac{5}{8}$	1/10 $\frac{1}{4}$	10	3 $\frac{3}{4}$	1	2	9
" W. - - -	52,375	121	5,863	—	—	4	8 $\frac{3}{4}$	1/5 $\frac{1}{2}$	12	2 $\frac{3}{8}$	— $\frac{1}{2}$	3	6 $\frac{5}{8}$
Warwick C., Coventry C.B., and Warwick B.	63,008	1,915	12,406	622	400	3	11 $\frac{3}{4}$	1/4 $\frac{1}{4}$	8	2 $\frac{1}{2}$	8 $\frac{3}{8}$	3	1
Wight, Isle of - - -	21,680	—	2,017	—	—	5	6 $\frac{1}{4}$	1/7 $\frac{5}{8}$	9	5 $\frac{7}{8}$	—	3	11 $\frac{1}{4}$
Wilts - - -	48,778	1,534	4,175	593	81	3	11	1/6 $\frac{3}{8}$	8	1 $\frac{3}{4}$	7 $\frac{3}{8}$	2	— $\frac{5}{8}$
Worcester C., and (for Powick) Dudley C.B., and Worcester C.B.:													
Powick - - -	49,961	1,742	2,596	278	511	2	6 $\frac{5}{8}$	1/1 $\frac{3}{8}$	7	7 $\frac{3}{4}$	8 $\frac{1}{2}$	2	4 $\frac{1}{4}$
Barnsley Hall - - -	40,978	—	3,345	—	—	4	4 $\frac{5}{8}$	1/11 $\frac{1}{8}$	9	7 $\frac{1}{8}$	—	1	6 $\frac{3}{4}$
York, North Riding -	50,783	550	9,250	871	2	5	5 $\frac{1}{2}$	1/10 $\frac{3}{8}$	11	2 $\frac{3}{8}$	3 $\frac{1}{2}$	3	5 $\frac{3}{4}$
York, West Riding, and (except for Scalebor Park) Barnsley, Bradford, Dewsbury, Halifax, Huddersfield, Leeds, Rotherham, Sheffield and Wakefield C.B., and (for Wadsley and Storthes Hall) Doncaster B.:													
Wakefield - - -	150,317	3,589	10,935	1,492	218	3	10 $\frac{1}{2}$	1/3 $\frac{3}{4}$	15	8 $\frac{3}{8}$	8	2	7 $\frac{1}{4}$
Wadsley - - -	111,452	4,726	9,780	1,695	—	3	6	1/11 $\frac{5}{8}$	15	6 $\frac{3}{8}$	1/3 $\frac{1}{8}$	3	2 $\frac{1}{4}$
Menston - - -	104,476	1,109	8,295	513	—	3	7 $\frac{7}{8}$	1/2 $\frac{1}{8}$	11	10 $\frac{1}{2}$	2 $\frac{7}{8}$	2	9 $\frac{3}{8}$
Scalebor Park (for private patients only).	—	—	—	—	—	—	—	—	—	—	—	—	—
Storthes Hall - - -	90,625	85	11,203	—	—	4	2 $\frac{5}{8}$	1/2 $\frac{5}{8}$	14	— $\frac{1}{2}$	— $\frac{3}{8}$	3	6 $\frac{1}{2}$
York, East Riding - -	25,191	892	6,313	—	—	3	5 $\frac{3}{4}$	1/5 $\frac{1}{2}$	6	11 $\frac{3}{4}$	8 $\frac{1}{2}$	3	9
TOTALS (County and District Mental Hospitals) - -	£ 5,206,835	110,693	518,353	24,175	3,760								

COUNTY-BOROUGH MENTAL HOSPITALS--continued.

MAINTENANCE, MEDICINE, CLOTHING, and CARE of PATIENTS;
during the Year ended 31st March 1923.

during the Year ended 31st March 1923.							Daily Average Number of Patients resident during Year ended March 31st, 1923.		WEEKLY CHARGE during the Year ended 31st March 1923.		
Surgery and Dispensary.	Malt Liquor, Wine, and Spirits (not included in ordinary Diet).	Charged to Maintenance Account.			Less Moneys received for Articles, Goods, and Produce sold (exclusive of those consumed in the Institution).	Total Average Weekly Cost per Head.	Private (including "Service" and Criminal Patients).	Rate-aided.	Rate-aided Patients from Counties or Boroughs (or from Unions within such Counties or Boroughs) to which the Mental Hospital belongs.	Rate-aided Patients from other Counties or Boroughs (or from Unions within such other Counties or Boroughs).	Private Patients (not including "Service" and Criminal Patients).
		Furniture and Bedding.	Garden and Farm.	Miscellaneous.							
d.	d.	d.	s. d.	s. d.	d.	s. d.			s. d.	s. d.	s. d.
2¼	—	1/3¾	— 10⅝	1 9⅛	3	24 8	50	830	26 6½(a)	29 2(a)	—
2	—½	8¼	— 10¾	1 10⅞	2½	23 —⅝	67	783	26 6½(a)	29 2(a)	42 —
2	—	1/—¼	1 4½	1 5¼	1/2	22 11¼	79	917	27 9¼(a)	30 4(a)	45 6(a)
1¾	—¼	10¼	1 4½	1 9⅝	1/2¾	21 3⅞	48	873	18 11(a)	25 1	31 —(a)
1⅞	—⅛	9½	—	2 1⅞	1/6⅜	18 10	33	1,331	24 2(a)	24 2(a)	—
1½	—	1/—⅝	— 3¾	2 8½	2/1¾	22 2¾	160	774	24 2(a)	24 2(a)	35/ to 63/
5⅞	—⅜	1/3⅝	1 8¼	2 4	1/2⅜	25 2⅝	99	1,032	26 8¼(a)	30/10 to 40/4	38 6
3¾	—¼	1/—⅜	3 3¼	2 7⅝	9⅛	28 5⅞	58	630	29 7¼	29 7¼	49 —
2	—⅜	9⅜	2 11⅝	2 6½	9½	23 —¼	111	937	23 11(a)	31 6	31/6 to 84/
2¼	—½	9⅞	1 9	2 4⅝	1/1	24 7⅞	52	271	25 6(a)	35 —	35/ to 109/
1	—⅛	1/3⅝	— 11½	1 8⅛	1/—⅞	19 2⅝	60	890	20 5(a)	26 5(a)	30 —
2⅝	—⅛	10½	4 —⅛	1 6½	1/1⅞	19 11¼	59	886	23 9¼(a)	25/8 to 32/3¼	28/ and 30/
3⅝	—	7¾	2 5⅞	2 1⅜	1/—¼	21 1¼	142	574	25 6¼(a)	28 —	35 —
2⅞	—⅛	1/1¼	2 3	1 7½	2/—⅞	25 4⅞	52	665	24 4¼(a)	35 —	38 6
2	—	8⅝	1 —⅜	3 1¾	4½	28 10⅞	128	1,918	32 8	36 9	36 9
2	—	7⅞	2 7⅞	2 8⅞	5¾	31 1¾	48	1,388	32 8	36 9	36 9
1¾	—	6¾	1 7⅞	1 4⅜	5¼	23 —¼	184	1,591	32 8	36 9	36 9
—	—	—	—	—	—	—	—	—	—	—	—
1⅝	—	7	2 —⅛	2 11½	1/—⅞	27 8	74	1,189	32 8	36 9	36 9
1½	—	1/1½	2 9¾	1 4¼	6½	21 3	37	433	24 6	28/ to 30/	28/ to 52/6

(a) Average.

TABLE II.—COUNTY, DISTRICT, AND
TOTAL EXPENDITURE; AVERAGE WEEKLY COST of
and WEEKLY CHARGE for PATIENTS

COUNTY, DISTRICT, AND COUNTY-BOROUGH MENTAL HOSPITALS. C.= County. C.B.= County-Borough. B.= Borough of Schedule IV. of Lunacy Act, 1890.	TOTAL EXPENDITURE during the Year ended 31st March 1923.					AVERAGE WEEKLY COST									
	On Maintenance Account.		On Building and Repairs Account (not including Cost of any Part of the Buildings in the Original Design).		Rent of Land rented.	Provisions not supplied from Institution Garden and Farm, but procured from outside the Institution (including Malt Liquor in ordinary Diet).	Clothing.	Salaries and Wages (excluding Deductions for Board, Lodging, and Washing, and Deductions under the Asylums Officers' Superannuation Act, 1909).	Pensions, Gratuities, &c. (charged to Maintenance Account).	Necessaries; e.g., Fuel, Light, and Washing.					
	Exclusive of Pensions, &c.	Pensions, &c.	Exclusive of Pensions, &c.	Pensions, &c.											
COUNTY-BOROUGH MENTAL HOSPITALS (including City of London).															
Birmingham :	£	£	£	£	£	s.	d.	d.	s.	d.	d.	s.	d.		
Winson Green - .	45,068	332	2,007	—	—	5	6 ³ / ₄	1/6	8	10 ⁵ / ₈	2	2	7 ⁷ / ₈		
Rubery Hill - .	88,237	1,624	29,956	—	—	6	10 ³ / ₈	2/1 ⁵ / ₈	10	2 ¹ / ₈	6 ⁵ / ₈	3	7 ⁵ / ₈		
Brighton - . . .	52,574	702	4,946	64	—	4	4 ⁵ / ₈	1/7 ³ / ₈	10	10 ³ / ₄	4	3	10 ⁷ / ₈		
Bristol -	44,547	988	2,420	111	—	4	3	1/- ⁷ / ₈	9	5 ³ / ₈	6	3	4 ¹ / ₂		
Canterbury - . . .	15,554	152	2,105	—	—	6	11 ³ / ₈	9 ⁵ / ₈	17	— ³ / ₈	4 ¹ / ₈	4	2 ⁵ / ₈		
Cardiff -	53,505	151	7,289	18	30	6	2 ⁷ / ₈	11 ⁷ / ₈	16.	4 ³ / ₈	1 ¹ / ₄	3.	11 ⁵ / ₈		
Croydon -	48,508	144	5,277	23	—	3	10	1/- ³ / ₄	10	7	1	3	2 ¹ / ₂		
Derby -	25,834	1,116	2,629	110	1,092	4	9 ¹ / ₂	1/3 ¹ / ₈	11	2	1/- ⁵ / ₈	1	10 ¹ / ₄		
Exeter -	22,219	492	2,157	51	97	5	8 ⁷ / ₈	1/2 ¹ / ₄	11	9 ¹ / ₈	7 ⁷ / ₈	2	8 ¹ / ₄		
Gateshead - . . .	23,978	—	1,195	—	—	5	4 ⁵ / ₈	1/9	13	4 ¹ / ₄	—	4	11 ³ / ₈		
Hull -	41,107	516	1,378	121	210	3	10 ³ / ₈	2/2 ¹ / ₄	9	2 ³ / ₄	3 ³ / ₄	3	5 ³ / ₈		
Ipswich -	19,231	605	1,482	293	3	5	11 ³ / ₄	1/4	8	5 ¹ / ₄	8 ¹ / ₂	2	7 ¹ / ₂		
Leicester* - . . .	49,931	862	3,817	109	488	4	4 ³ / ₈	1/2 ¹ / ₂	9	1 ¹ / ₈	4 ⁵ / ₈	2	4 ¹ / ₂		
London (City of) -	50,208	775	8,723	750	209	4	1 ³ / ₈	1/- ¹ / ₈	12	7 ³ / ₈	6	3	10 ³ / ₄		
Middlesbrough - .	29,699	201	3,045	—	—	4	2 ³ / ₈	1/-	11	4 ⁷ / ₈	2 ¹ / ₄	2.	10		
Newcastle-upon-Tyne	51,473	243	4,146	153	—	5	1 ¹ / ₈	1/2 ¹ / ₂	10	10 ³ / ₈	1 ³ / ₈	3	—		
Newport -	26,427	46	3,012	—	2	5	11 ¹ / ₄	1/9 ³ / ₄	11	10 ¹ / ₄	— ³ / ₄	3	8 ¹ / ₂		
Norwich -	31,338	480	1,996	610	145	5	4 ⁷ / ₈	1/7 ⁵ / ₈	8	11	4 ⁷ / ₈	4	10 ³ / ₄		
Nottingham - . . .	50,803	1,742	2,566	137	167	5	3 ¹ / ₄	1/6 ³ / ₄	8	8 ³ / ₈	8 ³ / ₈	3.	5 ⁷ / ₈		
Plymouth -	27,967	296	1,078	—	—	2	7 ¹ / ₂	1/2 ³ / ₈	8	10 ⁵ / ₈	2 ³ / ₄	2	7 ⁷ / ₈		
Portsmouth - . . .	49,077	1,177	3,294	—	—	4	2 ⁵ / ₈	9 ¹ / ₄	12	4 ¹ / ₈	7 ¹ / ₂	2	9 ⁷ / ₈		
Sunderland - . . .	28,959	981	1,469	—	—	4	3 ³ / ₈	1/6 ³ / ₈	10	11 ¹ / ₈	10 ⁷ / ₈	3.	5 ³ / ₄		
West Ham -	71,491	231	5,318	—	—	5	— ¹ / ₂	1/4 ⁵ / ₈	13	8 ³ / ₈	1 ¹ / ₈	3.	8		
York -	21,762	9	2,085	40	779	3	10 ¹ / ₄	1/2 ³ / ₄	10	6 ⁷ / ₈	—	2	9 ¹ / ₈		
TOTALS (County- Borough Mental Hospitals) - . . }	£ 969,497	13,865	103,390	2,590	3,222										
GRAND TOTALS - .	£ 6,176,332	124,558	621,743	26,765	6,982										

Total cost of land purchased, 9,773*l*.
Total cost of Pensions, Gratuities, &c. (included in expenditure on Maintenance Account
and on Building and Repairs Account below), 151,323*l*.
Total expenditure :—
On Maintenance Account - - - - - £ 6,300,890
On Building and Repairs Account - - - - - 648,508
On Land purchased - - - - - 9,773
For Land rented - - - - - 6,982

Total - - - - - £6,966,153

COUNTY-BOROUGH MENTAL HOSPITALS—continued.

MAINTENANCE, MEDICINE, CLOTHING, and CARE of PATIENTS ;
during the Year ended 31st March 1923.

during the Year ended 31st March 1923.										Daily Average Number of Patients resident during Year ended March 31st, 1923.		WEEKLY CHARGE during the Year ended 31st March 1923.					
Surgery and Dispensary.	Malt Liquor, Wine, and Spirits (not included in ordinary Diet).	Charged to Maintenance Account.			Less Moneys received for Articles, Goods, and Produce sold (exclusive of those consumed in the Institution).	Total Average Weekly Cost per Head.	Private (including "Service" and Criminal Patients).		Rate-aided.	Rate-aided Patients from Counties or Boroughs (or from Unions within such Counties or Boroughs) to which the Mental Hospital belongs.	Rate-aided Patients from other Counties or Boroughs (or from Unions within such other Counties or Boroughs).	Private Patients (not including "Service" and Criminal Patients).					
		Furniture and Bedding.	Garden and Farm.	Miscellaneous.			Private (including "Service" and Criminal Patients).	Rate-aided.									
d.	d.	d.	s.	d.	s.	d.	s.	d.		s.	d.	s.	d.				
4	- ⁵ / ₈	1/3 ¹ / ₂	1	- ¹ / ₄	1	1		11 ¹ / ₂	22	5 ¹ / ₈	93	679	29	9(a)	42	-	33/3 to 42/
4 ¹ / ₄	-	1/2 ⁵ / ₈	3	- ⁷ / ₈	2	4 ¹ / ₈		1/2 ⁵ / ₈	29	1 ¹ / ₂	65	1,071	29	9(a)	42	-	42 -
2 ³ / ₄	- ¹ / ₂	10 ⁵ / ₈	2	3	1	11 ³ / ₈		1/3 ¹ / ₈	25	2 ³ / ₄	69	719	26	-(a)	26	-(a)	28/ to 63/
2 ³ / ₄	- ¹ / ₂	6	-	11 ⁷ / ₈	2	8 ¹ / ₄		2 ¹ / ₈	22	10 ¹ / ₄	62	695	22	2(a)	40	-	34 10(a)
3 ³ / ₄	-	10 ³ / ₈	2	7 ⁷ / ₈	2	6 ¹ / ₈		10 ¹ / ₄	34	10	42	127	34	5(a)	34	5(a)	42/ to 84/
3 ³ / ₈	- ¹ / ₈	1/5	3	11 ¹ / ₈	3	7 ⁷ / ₈		1/5	35	6 ¹ / ₂	48	509	43	- ¹ / ₄ (a)	43	- ¹ / ₄ (a)	52 6
5	-	1/3 ¹ / ₄	1	8	3	7 ¹ / ₂		1 ³ / ₄	25	7 ¹ / ₄	131	593	28	7(a)	28	7(a)	30/4 to 105/
2 ⁵ / ₈	- ¹ / ₄	7 ³ / ₈	1	9 ¹ / ₈	2	8 ⁵ / ₈		1/- ¹ / ₄	24	5 ¹ / ₄	52	354	26	3	29	9	35/ to 52/6
2 ³ / ₄	-	11 ³ / ₈	4	1 ¹ / ₄	3	- ¹ / ₄		2/7 ⁷ / ₈	27	8 ¹ / ₈	84	203	30	-(a)	32	3(a)	40/(a)
1 ³ / ₄	- ¹ / ₄	6 ¹ / ₈	6	2 ⁷ / ₈	4	2		6/5 ⁵ / ₈	30	- ⁵ / ₈	20	232	35	10 ¹ / ₂ (a)	39	11 ¹ / ₂ (a)	42 -
2 ⁵ / ₈	- ¹ / ₈	1/2 ⁷ / ₈	3	11 ³ / ₈	2	9 ⁷ / ₈		1/5 ³ / ₄	25	9 ⁵ / ₈	54	568	33	10(a)	33	10(a)	35/ to 42/
1	-	7 ³ / ₄	1	9	1	9 ³ / ₄		5 ¹ / ₈	22	11 ³ / ₈	60	266	26	-	26/	& 32/	32/ to 42/
1 ⁷ / ₈	-	1/3 ¹ / ₂	1	8 ¹ / ₂	2	3 ³ / ₄		1/- ⁵ / ₈	21	10 ¹ / ₈	68	783	22	4(a)	26/10 to 32/1		31/6 to 52/6
3 ³ / ₄	1	9 ¹ / ₄	6	5 ⁷ / ₈	2	11 ³ / ₈		6/1 ⁵ / ₈	26	7 ¹ / ₄	348	249	28	10 ¹ / ₂ (a)	28	10 ¹ / ₂ (a)	28/ to 84/
6	-	6 ³ / ₄	4	2 ¹ / ₄	3	1 ¹ / ₂		9 ³ / ₄	27	2 ¹ / ₄	49	357	31	2 ¹ / ₂ (a)	32	6(a)	41 10(a)
- ³ / ₄	- ¹ / ₈	9 ¹ / ₈	-	8 ¹ / ₈	2	2 ¹ / ₈		5 ⁷ / ₈	23	5 ³ / ₄	59	768	26	6 ¹ / ₂ (a)	26/6 ¹ / ₂ (a) & 27/10(a)		32 1(a)
1	-	9 ³ / ₄	2	11	2	1		2 ¹ / ₄	29	1	30	274	35	-	35	-	35/ to 52/6
4 ¹ / ₈	-	1/8 ¹ / ₄	1	3 ³ / ₄	2	3 ¹ / ₈		1 ¹ / ₂	26	8 ⁷ / ₈	34	422	30	11(a)	33	5 ¹ / ₂ (a)	39 1(a)
1 ¹ / ₂	-	7 ⁷ / ₈	2	- ³ / ₈	1	8 ¹ / ₂		6 ¹ / ₄	23	8 ⁵ / ₈	78	756	24	- ³ / ₄ (a)	28	1 ³ / ₄ (a)	29 9(a)
1	-	6 ¹ / ₂	4	3 ³ / ₈	1	9 ³ / ₄		10 ⁵ / ₈	21	5 ¹ / ₈	75	431	24	6 ¹ / ₄ (a)	24	6 ¹ / ₄ (a)	30/ to 40/
2 ⁵ / ₈	-	8 ⁵ / ₈	2	- ¹ / ₂	2	9		6 ¹ / ₄	25	11 ⁷ / ₈	176	551	26	3	30	3	31/6 to 147/
3 ³ / ₄	-	11 ³ / ₈	1	1 ⁵ / ₈	4	- ³ / ₄		1/6	26	1	43	372	27	1 ¹ / ₂ (a)	34	-	35/ & 42/
1 ¹ / ₄	- ¹ / ₄	1/2 ³ / ₄	1	10 ⁷ / ₈	3	4 ⁵ / ₈		10 ⁷ / ₈	29	7 ¹ / ₂	53	846	32	4 ¹ / ₂ (a)	34	5(a)	31/ to 40/
- ⁷ / ₈	-	10 ¹ / ₄	2	6	1	11 ¹ / ₈		5 ¹ / ₂	23	3 ³ / ₄	30	322	25	1	26/3 & 27/1		27/6 to 42/

(a) Average. * Cost of land purchased, Leicester, 6,400/

TABLE III.—STATISTICS OF THE VOLUNTARY BOARDERS (53 VICT. c. 5, ss. 229, 231 (8) and 54 & 55 VICT. c. 65, s. 20) in REGISTERED HOSPITALS and LICENSED HOUSES during the Year 1923.

	Number of Boarders 1 January, 1923.			Number admitted during 1923.		Number who ceased to be Boarders during 1923.				Number of Boarders remaining 1 January, 1924.		
	M.	F.	Total.	M.	F.	M.	F.	M.	F.	M.	F.	Total.
REGISTERED HOSPITALS:												
Manchester Royal	10	6	16	19	19	5	(a) 2	12	11	—	2	12
Wonford House	3	8	11	4	6	—	—	3	7	1	2	8
Barnwood House	5	9	14	7	11	(b) 3	(c) 7	4	4	—	—	14
The Lawn	2	1	3	4	4	—	2	3	3	1	—	2
Bethel	8	4	12	2	6	—	—	3	4	1	—	12
St. Andrew's	8	4	12	11	15	3	2	7	7	2	—	17
The Coppice	1	1	2	1	3	—	—	2	3	—	—	1
The Warneford	5	8	13	7	6	1	—	7	7	1	—	10
Coton Hill	1	4	5	2	10	—	1	2	5	—	—	9
Bethlem Royal	35	31	66	40	49	11	17	26	29	—	—	72
Holloway Sanatorium	7	10	17	14	17	2	(d) 8	10	11	—	—	17
Bootham Park	—	6	6	13	10	—	4	12	9	—	—	4
The Retreat	5	7	12	19	26	3	(a) 5	17	16	—	*2	14
METROPOLITAN LICENSED HOUSES:												
Camberwell House	4	11	15	25	26	8	11	15	17	*1	—	14
Brooke House	2	1	3	8	3	2	3	5	—	—	—	4
Northumberland House	1	5	6	5	10	3	2	3	8	—	—	5
Hayes Park	—	—	—	—	1	—	—	—	1	—	—	—
Moorcroft House	1	1	2	6	2	1	—	5	1	1	—	2
Wyke House	1	1	2	2	3	—	—	—	3	—	—	4
Peckham House	8	8	16	17	18	4	(d) 7	11	10	2	—	17
The Priory	1	—	1	1	2	—	—	1	2	—	—	1
Halliford House	—	2	2	—	—	—	—	—	1	—	—	1
Newlands House	1	—	1	3	—	2	—	1	—	*1	—	—
The Flower House	1	—	1	2	—	—	—	2	—	—	—	1
Clarence Lodge	—	1	1	—	1	—	1	—	—	—	—	1
Hendon Grove	—	1	1	—	1	—	—	—	1	—	—	1
Otto House	—	—	—	—	1	—	—	—	—	—	—	—
Fenstanton	—	—	—	—	1	—	—	—	1	—	—	1

PROVINCIAL LICENSED HOUSES:													
Bishopstone	-	-	-	2	-	-	-	1	-	1	-	-	-
Springfield House	-	-	-	1	1	-	-	-	1	-	-	-	-
Wye House	-	-	3	1	1	-	-	1	-	1	-	-	-
Court Hall	-	-	-	-	1	-	-	(d) 1	-	-	1	-	-
Plympton House	-	2	-	1	1	-	-	-	-	-	-	-	-
Middleton Hall	-	-	-	2	1	-	-	-	-	-	-	-	-
Littleton Hall	-	-	-	5	1	-	-	-	-	-	-	-	-
Northwoods	-	2	-	7	1	-	-	-	-	-	-	-	-
The Retreat, Fairfield	-	-	8	4	-	-	-	-	-	-	-	-	-
Malling Place	-	2	2	-	1	-	-	-	-	-	-	-	-
Oaklands	-	-	-	-	1	-	-	-	-	-	-	-	-
Haydock Lodge	-	8	24	24	(d) 10	-	-	9	13	2	-	2	17
Tue Brook Villa	-	-	2	1	-	-	-	(d) 1	4	-	-	-	2
Shaftesbury House	-	-	1	7	-	-	-	2	6	-	-	-	3
Heigham Hall	-	3	5	13	(d) 2	-	-	1	3	-	-	-	15
The Grove, Catton	-	-	-	4	-	-	-	3	-	-	-	-	2
Stretton House	-	4	10	-	3	-	-	-	7	-	-	-	4
Grove House	-	-	-	3	-	-	-	-	-	-	-	-	3
Boreatton Park	-	2	-	1	-	-	-	-	-	-	-	-	4
Brislington House	-	1	1	6	-	-	-	2	2	-	-	-	4
Bailbrook House	-	-	-	8	-	-	-	(d) 3	4	-	-	-	5
The Moat House	-	-	-	1	-	-	-	-	6	-	-	-	1
The Silver Birches	-	-	-	1	-	-	-	-	1	-	-	-	-
Ticehurst House	-	-	4	4	-	-	-	-	3	-	-	-	-
St. George's Retreat	-	-	-	4	-	-	-	1	1	-	-	-	3
Periteau House	-	-	-	4	-	-	-	1	1	-	-	-	6
Glendossill	-	-	-	3	-	-	-	1	2	-	-	-	1
Laverstock House	-	-	6	2	-	-	-	-	2	-	-	-	-
The Old Manor	-	1	6	9	-	-	-	2	4	-	-	-	6
Fiddington House	-	5	11	23	2	-	-	10	3	7	-	-	18
Kingsdown House	-	1	5	3	2	-	-	2	5	1	-	-	1
The Grange	-	-	-	17	-	-	-	1	-	-	-	-	5
The Pleasaunce	-	-	-	3	-	-	-	(d) 1	-	-	-	-	-
SUMMARY:													
Registered Hospitals	-	90	99	182	(b) 28	(e) 48	108	116	6	91	111	202	
Metropolitan Licensed Houses	-	20	31	69	20	(d) 24	43	45	-	21	31	52	
Provincial Licensed Houses	-	32	65	169	(b) 29	(f) 45	49	102	5	36	82	118	
Total	-	142	195	420	(c) 77	(g) 117	200	263	18	148	224	372†	

† In addition 138 voluntary patients (64 males and 74 females) were resident on this date in the London County Maudsley Mental Hospital.

* One Suicide.

APPENDIX B.

ENTRIES BY COMMISSIONERS AT COUNTY AND BOROUGH
MENTAL HOSPITALS.*Beds, Herts and Hunts (Three Counties) Mental Hospital.*

October 18th, 1923.

In the course of my visit I have, I believe, seen all the patients who are in residence, and except that a few of them asked for their discharge, I received no complaints of any kind as to their treatment or surroundings. The diet has been considerably improved and the old monotony of the morning and evening meals has been relieved, by the supply of meat on three days in the week for breakfast and on four days porridge—the teas have been varied by the addition of cake or jam on four days in the week and for dinner a second course of pudding is given on two days and I understand that it is hoped to make this addition a more or less daily one to this meal.

The patients, those at least who are able to appreciate what is done for them, are contented and not a few expressed to me their gratitude for the attention that is given them by the nursing and medical staff.

There has been some renovation and painting and the wards, which are very well supplied with plants and flowers, are properly kept, but I think something might be done to improve the appearance of Ward 4 on the female side, where the worst type of patient is treated, and I should also like to see the lighting of the single rooms, which has already been carried out in some portions of the hospital, considerably extended—the single rooms in the female observation ward especially need this improvement.

Plans have been passed for a new block for the female dysentery and tubercular cases and for the adaptation of the isolation hospital as an admission block for women—the latter is almost ready for occupation and the ground is in course of being made ready for the erection of the new building. As occasion may permit, it is to be hoped that an admission block will be provided for the male side.

A new telephone and fire alarm system has been provided, “hot plates” have been supplied in the dining halls, partitions have been put up, so as to divide male 6 ward and a similar improvement is to be carried out in F.5.

I am glad to learn that a dentist has been appointed who attends at least once a week; the laboratory room has been fitted up as a dentist’s room, but I hope that, at some not distant date, the Committee will consider the advisability of providing a laboratory where bacteriological examinations may be carried out, and I say this, though I am not unmindful of the present system of sending material for such examination to University College Hospital, when considered necessary or advisable. An occupations Officer has been appointed on the male side whose duty it is to organise and arrange the patients who are thought fit for work after consultation with a medical officer and the head attendant.

The Committee have decided to introduce a system of payment for the working patients (only on the male side at present), under which they will receive remuneration for their work in the form of tallies and up to the value of fourpence (this is the maximum) which can afterwards be exchanged for tobacco, &c. in a canteen which is to be established.

It is interesting to hear that an outdoor patient clinic has been established at the Hitchin Hospital, which is attended by Dr. Fuller, and it is also satisfactory to know that the Medical Officers are allowed three months leave on full pay for special study and that Dr. Hunter has taken his D.P.M.

Since June 30th, 1922, there have been 235 admissions and as a result of the other changes that have taken place, there are on the Asylum books 988 patients, males 423, females 565. As many as 111 have been

allowed on trial and 45 have had money allowances, whilst 92 out of the 148 discharged or removed, were described as recovered.

There are 58 private patients, of whom 24 are service patients, who appeared to be well cared for.

The out-County patients number 141. Of these 18 are received from West Ham, 115 from the County of London and eight from various Unions.

Sixteen patients are on trial, leaving 972, males 417, females 555.

I saw some boys and girls, who would, I thought, be better in some Mental Defective institution, if suitable accommodation could be arranged.

There are vacancies for 59 male and seven female patients. The maintenance charge is for home patients 19s. 3d., for out-county patients 24s. 6d. and for private patients from 35s. to 56s.

There is no record of mechanical restraint.

I saw 58 female and 18 male patients in bed, including 10 of the former and four of the latter on the verandahs attached to the infirmary wards, suffering from tuberculosis—from which disease there are now 26 patients suffering—males 10, females 16. The majority of the cases were confined to bed for feebleness or mental reasons and all appeared to be receiving proper attention and careful nursing.

The health has been good; there have been eight cases of dysentery, but no one is at present suffering from this disease in active form and there have been no cases of influenza or enteric fever.

Of the 88 deaths all were from natural causes except in one case, a death from insufflation of food into the lungs on which an inquest was held and the circumstances of which were duly reported to the Board.

General paralysis was the cause of six of the deaths, tuberculosis of eight, pneumonia of 16 and senile decay of three. There were six serious non-fatal casualties which call for no special mention.

The staff consists of:—charge attendants, 9; charge nurses, 10; 2nd charge attendants, 9; 2nd charge nurses, 10; ordinary attendants, 29; ordinary nurses, 36 for day, and 7 attendants and 8 nurses for night duty.

Dr. Fuller has the assistance of two medical officers and he, with their help and that of the Committee, continues to administer the hospital in the interest and for the welfare of the patients.

Berkshire Mental Hospital.

October 25th, 1923.

I found this institution in excellent order on my visit to-day. The wards were bright, and well supplied with objects of interest and amusement, and the dormitories clean, orderly, and well ventilated, whilst the bedding throughout was all that could be desired. The gardens associated with the wards, in which were many patients, were well kept, pleasant in appearance, and satisfactory in all respects. The general tone of the institution seemed to be one of homely comfort materially contributed to by the good feeling that obviously exists between the patients and the medical and nursing staff.

Much work has been recently carried out, and some is now in progress, for the improvement of buildings and for the comfort and welfare of patients. Amongst these are a complete re-installation of electric light, telephones, and tell-tale clocks; the construction of iron gates in the corridors to increase facilities for ventilation; the relaying of some defective floors, the redecoration of some wards, and outside painting of the male blocks. The Committee may be congratulated on their progressive efforts.

Since my colleague's visit in May, 1922 (about 19 months ago) 228 patients have been admitted, 182 discharged, and 73 have died. Amongst the discharges were 35 on recovery, and 88 patients transferred to Littlemore. These changes leave on the books to-day the names of 333 males and 446 females, all of whom are in residence and all of whom

to the best of my belief have been seen by me. The patients of both sexes were quiet and orderly in their behaviour, even in the wards reserved for turbulent cases, and many were cheerful, speaking well of the conditions under which they are detained. The only complaints I received had reference to detention, made for the most part by persons obviously unfit for freedom; but these were very few, with the result that I have rarely experienced a quieter visit to any mental hospital.

I found 66 patients in bed, of which total some 34 were under treatment chiefly for mental reasons, 20 for senile debility, and only 12 for ordinary sickness, a condition that speaks well for the general health of the institution, which seems to me very good. The excellent nutritional state of the patients throughout, and the satisfactory maintenance of weight, are evidences that the recently improved dietary is having a beneficial effect. As compared with previous years tuberculosis has materially diminished. Ten deaths only have occurred during 19 months and to-day, although five are still under observation for this disease (two males and three females) only two—one of each sex—are active sufferers. During the same period there have been no cases of dysentery, a condition which may be regarded as very satisfactory, and for which the strenuous efforts made to secure ward cleanliness are mainly responsible.

It seems probable that the same conditions may also be exercising considerable influence in the concurrent decrease in tuberculosis. One inquest was held on the body of an escaped patient who was found drowned, at the time of my colleague's visit in May, 1922—reference being made to the circumstances by him. With this exception all deaths that have occurred have been due to natural causes. In regard to these causes of death there is nothing that calls for special comment. The same may also be said of the serious but non-fatal casualties, six in number, which were all in the nature of fractures of bones due to accidental circumstances.

Of the 779 patients in residence, 14 were out-county cases from various Unions, and 36 were in the "Service" class. Of the latter 31 were receiving the 2s. 6d. grant or its equivalent in kind, and all were receiving sympathetic treatment under suitable conditions of residence.

The classification of all patients in the institution according to mental and physical state is receiving close attention with satisfactory result, so far in fact as the character of buildings renders classification possible.

The maintenance rates for home, out-county, and "Service" patients respectively are 15s. 2d., 22s. 2d., and 18s. 11d. respectively.

The staff now consists of 38 male and 45 female nurses for day and six male and eight female for night duty. Of the male staff eight, and of the female staff 10, hold charge rank. Three attendants and eight nurses hold the final certificate of the Medico-Psychological Association, and 10 of the former and five of the latter have passed the preliminary.

Dr. Read, who may be congratulated on the condition in which I found this hospital and on the many evidences of progress, has now the help of one assistant medical officer on the permanent staff, and a *locum tenens*, by whom the books and registers are properly kept.

Brecon, Radnor and Montgomery (the Mid-Wales Counties) Mental Hospital.

November 16th, 1923.

In the spring of this year this institution lost by death the services of Dr. Robert Pugh who had held the position of Medical Superintendent since 1905, some two years after the institution was opened. Dr. Pugh was favourably known to the Commissioners as a most capable and kindly administrator who always had at heart the best interests of his patients, many of whom spoke feelingly to me to-day of his death. I desire to express to the Committee the regret of the Board of Control at the loss which they have sustained and their sympathy with his widow and young family.

The Committee have appointed as Medical Superintendent Dr. Peter Drummond who has for some years been assistant medical officer here. I was unfortunate in finding Dr. Drummond away to-day on his holiday; in his absence I received all the information I required from Dr. Bevis, who is at present acting as medical officer in a temporary capacity.

Since my colleague's visit in April, 1922, there have been the following changes among the patients :—

					M.	F.	Total.
Admissions	-	-	-	-	82	89	171
Discharges or removals	-	-	-	-	34	57	91
Discharges upon recovery	-	-	-	-	11	17	28
Deaths	-	-	-	-	35	30	65

There were to-day on the books the names of 450 patients, of whom 214 are of the male and 236 of the female sex, all of them being in residence.

The institution is full on the male and overcrowded to the extent of 48 on the female side; this is in spite of the fact that all the female Swansea patients who were received here under contract have since January 1st last been removed. On the female side beds have to be made up in some of the corridors and two small rooms intended for administrative purposes are being occupied as dormitories for some of the best behaved patients. It is therefore clear that steps will have to be taken to provide further accommodation to meet the needs of the three counties now in union.

The wards and dormitories are well kept and liberally supplied with books, papers and other objects to amuse their occupants—some of them are much in need of redecoration, work of this character being undertaken gradually. The airing courts continue to be nicely kept, and the beds and bedding were in a satisfactory condition. The defective flushing arrangements in the sanitary spurs have now been remedied; and since the last visit a cinematograph installation has been carried out, the arrangements for which in the recreation hall itself appeared to me to be somewhat dangerous in case of fire.

The patients of both sexes had a well-cared-for appearance, seemed to be generally contented and were well behaved and free from complaints. The clothing was good and I was glad to hear that efforts are made to encourage the women to take an interest in the materials and cut of their dresses.

There are 29 patients of the private class, 20 of whom are "Service" patients and are receiving the privileges to which they are entitled. Of the 51 out-county patients 50 are men received under contract from Swansea.

I saw the dinner to-day served in several of the wards; it consisted of fish with potatoes, peas and bread and seemed to be popular. I received no complaints on the subject of the food and am glad to see that considerable variety has been introduced at the breakfasts, porridge, bacon, sausage or treacle being given on various days of the week; the teas, however, consist mainly of bread and margarine except on Sundays when cake is given; this seems to be unduly monotonous fare and while tea takes place at 5 o'clock nothing further is provided for patients until breakfast at 8 o'clock next day.

The male patients are allowed a considerable amount of freedom, as many as 98 of them being allowed their parole, a privilege which is much appreciated. I notice that during the period under review only two patients have been allowed out on trial previous to their discharge, and in neither case was a money allowance made during the period of trial.

The weekly maintenance charges are 18s. 1d. for home, and 23s. 1d. for out-county patients. Private patients from the three counties are received at 20s. 1d.; if from outside areas at 23s. 1d.

The general health of the hospital during the whole period under review has been very good; there were to-day only four men and 11 women

confined to bed, none of whom appeared to be acutely ill. Newly admitted cases have to be received in the infirmary wards where there are many cases of the chronic type and no facilities for open air treatment in verandahs.

The death rate for the year ending December 31st 1922 was 9·27 (M. 11·11 and W. 7·65).

With one exception the deaths were due to natural causes and do not appear to call for special mention; in only one case, however, was the cause of death verified by post mortem examination, the value of which in its protective and scientific aspect does not appear to be properly appreciated.

There has been no incidence of epidemic or zymotic disease and only nine cases were to-day reported as suffering from tuberculosis; none of these are supposed to have that disease in active form—which is perhaps fortunate, in view of the lack of facilities for segregating such cases. I noticed that five of the deaths are ascribed to tuberculosis.

In one case an inquest was held. The death was that of a man who was not thought to have any suicidal disposition and was allowed a considerable amount of liberty, but threw himself under a train; the circumstances of this case were fully reported to my Board at the time.

The three serious non-fatal casualties, all of which resulted in fractures of bones, were accidentally sustained.

The returns on miscellaneous subjects made annually to my Board are satisfactory, those relating to employment, just 70 per cent. for both sexes, being especially so, though I observe that only 25 and eight women are employed in the laundry and kitchen respectively.

The nursing staff consists of the following :—

	M.	F.	Total.
Charge nurses - - - - -	9	6	15
Ordinary nurses - - - - -	10	19	29
Night nurses - - - - -	4	3	7

No female nurses are employed on the male side. They work on the basis of a 66 hours week, the day staff having two days and the night staff one night off duty in each week. Annual leave is one week during the winter and two weeks during the summer.

Dr. Drummond has the assistance of two temporary medical colleagues.

Bucks Mental Hospital.

October 29th, 1923.

To the best of my belief I have to-day seen all the 671 patients in residence in this institution, of which number, 307 are of the male, and 364 of the female sex. Although during the course of my tour of the wards, I gave full opportunity for conversation whenever such was desired, I received a minimum of complaints; which for the most part related to the question of detention, made by persons unfit for liberty. Everything else in the nature of complaint was obviously due to mental disease. On the whole, patients were remarkably contented and quiet. There was ample evidence of the care exercised by the staff in the matter of personal cleanliness, and all persons, whether wearing their own clothing or that provided by the institution, were neatly and warmly clad.

Seventy-four patients were in bed, 24 on account of mental reasons, five for general paralysis, and four for tuberculosis. The remainder were cases of senile or other debility, or persons in the terminal stages of chronic disease. There was no acute sickness and no dysentery. Sick persons appeared to be receiving all necessary care and attention, and the condition of the sick wards and their amenities left nothing to be desired. The intimate knowledge of the cases under his special care shown by Dr. Anthony, the assistant medical officer, left a pleasant impression. In regard to the treatment of the sick, the only regrettable feature to my mind was the presence of tuberculosis cases under treatment amongst the ordinary sick. When opportunity permits, it is to be hoped that the

Committee will bear in mind the desirability of verandah provision for such cases.

Excluding the sick, the general health of the Institution was good, and the nutritional state of patients satisfactory.

To-day dinner consisted of roast mutton, vegetable and potatoes followed by rice pudding. The food was of good quality, sufficient in quantity and cleanly served. Many improvements have been, and are being made in kitchen equipment.

The deaths that have occurred since last visit numbered 115, of which 30 per cent. were due to senile decay, 16 per cent. to tuberculosis and about 9 per cent. to heart disease. With one exception, an accidental death, due to choking, upon which the only inquest was held, all deaths were due to natural causes. The death rate for 1922 was 14·75 for males, 11·60 for females, and 12·95 for both sexes together. Present appearances seem to indicate that the rates for the current year will show a decrease on these figures.

The serious but non-fatal casualties that have occurred during the last 19 months, are three, all fractures of bones due to accidental falls.

The buildings are well maintained, and redecoration is in progress in some wards. The cold storage accommodation has been completed, is in regular work, and should prove a great advantage in institution management.

Extensions and improvements have been made to the heating and domestic hot water supplies, mainly directed towards the separation of the two, which should improve the efficiency of both. These and other minor improvements indicate a progressive spirit.

I found the wards orderly throughout, clean, homely looking and comfortable, and well warmed. I consider that the comparative freedom of this institution from dysentery, is mainly due to the free use of soap and water in wards containing faulty patients, and in day rooms generally on the female side, which is most liable to this disease in mental hospitals.

The dormitories were well kept throughout, and the bedding all that could be desired in cleanliness and character of material.

The maintenance rate is now 17*s.* 6*d.* for home patients, 17*s.* 6*d.* to 49*s.* for private patients, and from 24*s.* 6*d.* to 26*s.* 10*d.* for out-county cases.

On my visit to-day, I had the pleasure of attending a meeting of the Visiting Committee, held during the course of my inspection, and I desire to record my thanks for the cordial way in which I was received. Amongst other advantages, this gave me the opportunity, on behalf of my Board, of congratulating them on the installation of a new cinematograph apparatus, which I understand has been presented to the institution by Mr. Field (their Chairman), of giving a brief report of my visit, and of making one or two suggestions for their consideration. These suggestions were mainly the need for expert dental treatment for many of the patients, and the desirability of providing better accommodation for the viewing by friends of the bodies of deceased relatives. I also agreed with the Chairman that some of the patients would be benefited by attention to their eyes, and he kindly offered to do what he could to secure attention to those who require correction for refractive error. I was pleased with the general air of interest in their work exhibited by members generally and their evident desire to do their best for the unfortunate persons under their charge.

The subordinate staff now consists of 33 attendants and 38 nurses for day duty, and six of each sex for night duty. Of the attendants, seven and of the nurses, eight hold charge rank. Ten attendants and four nurses have passed the final examination for the certificate of the Medico-Psychological Association, and six of the former and nine of the latter have passed the preliminary.

Dr. Kerr may be congratulated on the homely and comfortable character of his institution, and on the care he is taking of his patients, work in which he is ably seconded by his Assistant Medical Officer.

Cambridgeshire and Isle of Ely Mental Hospital.

October 31st, 1923.

The changes that have occurred amongst patients since my colleague's visit in May of last year, have left on the books the names of males 191, females 419, total 610. Of these one man and six women are absent on leave for trial, reducing the numbers to this extent of those actually in residence.

According to the return made to my Board in January of the current year (which still represents the condition) it would appear that whilst 42 vacancies for men are available the women's side is overcrowded to the extent of 51 cases. This, having regard to the high female admission rate (29 new cases have been received during the last three months) is a serious position that will require careful consideration by the Committee at an early date. The accommodation on the women's side is now strained to its utmost limit, and no further increase in numbers should be contemplated.

Of the 134 persons discharged or removed 20 were transferred to Worcester. If these are deducted from the total discharges the number of those released on recovery (89) amount to close upon 78 per cent., a very satisfactory figure. It is also worthy of note that 105 persons have been given the advantage of release on trial as a preliminary to discharge.

Of the 610 patients on the books, nine are private patients, 20 are Service cases, and two belong to other districts, the remainder are home-county patients. The maintenance rate for home and out-county patients is now 21s. per head per week, and for private cases 30s. 6d.

During my visit to the institution to-day I have, to the best of my belief, seen all who are now in residence, giving to all who desired conversation an opportunity of being heard. Many, as is usual, gave expression to a desire for liberty, but in no such case did I consider action necessary. There was, indeed, every evidence that the medical staff were willing to recommend the release to freedom at the earliest moment when mental fitness rendered this course possible. I received no complaints regarding diet or treatment, except such as were obviously due to mental disease. Patients generally were neat and tidy in their dress, clean in person, and presented every evidence of being well cared for by the nursing staff.

Seventy-four patients were in bed for a variety of reasons, nearly all being either senile or debilitated, or under special nursing care for mental reasons. Although there were some cases in the terminal stages of chronic disease, there were practically no patients suffering from acute sickness. One mild case of enteric fever, confirmed by bacteriological methods, is recovering. In regard to this every effort has been made to ascertain the source of infection, without success; but investigations are being continued on the chance of the presence of an undiscovered "carrier." The case was promptly isolated when discovered, and the care exercised has been the means of preventing spread.

Amongst the cases in bed were three women and one man suffering from active tuberculosis. There are, however, now being notified to my Board, some 15 men and 24 women who have been tuberculous at one time, or who have been suspected as possible sufferers from the disease. I believe that the majority of these, excluding those recognised as active, are now latent or recovered, and recommend that the next periodical examination that such cases should be allowed to resume their place amongst the general population and be removed from the register of tuberculous cases.

Sick persons were receiving all necessary care and attention, and the wards in which they were being treated possessed all the amenities of those in a general hospital. The reception wards were especially pleasing, confined as they were almost entirely to the treatment of recent cases.

The institution continues to be free from dysentery.

The general health of patients is good, and it is evident from the records presented to me that, by the weekly weighings, the taking of temperatures, and other measures, every possible means of maintaining health is being resorted to. The diet has been improved of late by material additions to breakfasts and teas and in other ways. The state of general food nutrition, and the marked decrease in the incidence of tuberculosis appears now to indicate sufficiency.

The deaths since May, 1922, have numbered 44, all, with two exceptions, being due to natural causes. One patient died from the result of scalds accidentally sustained before admission, and another committed suicide during absence on leave. Details of both were submitted to my Board at the time of occurrence. An examination of the causes of the other 42 deaths discloses no particular prominence in any one, or anything indicating the need for special comment.

The buildings throughout are well maintained, a great deal of repair and re-decoration having been carried out during the last 12 months, including, what is a great improvement, the plastering of some of the plain brickwork ward walls. Farm equipment has been brought up to date, the kitchen has been provided with two new boilers, and improvements have been carried out in the laundry.

It seemed to me, however, that the sections of the premises requiring most urgent attention by the Committee are the kitchen, and the accommodation provided for the medical officers and the matron. With regard to the kitchen probably little need be said; the Committee doubtless realise that there is need for considerable improvement, and that the cooking facilities provided are inefficient. The accommodation is probably the worst existing at the moment in any mental hospital. As soon as additions become reasonably possible the provision of separate married accommodation for the senior assistant medical officer should be provided, the present rooms being allocated with those on the same corridor for the use of the junior medical officer and matron. It is necessary that continuation of service should be encouraged, and unlikely that this will be secured unless comfortable accommodation is available.

I am glad to hear that the services of a capable laboratory assistant have been secured by the appointment of a skilled man to work under the direction of the medical superintendent. The Committee might further consider the appointment of a dentist for the advantage of some patients who require attention more than the medical staff can give.

The nursing staff now consists of 34 attendants and 60 nurses for day, and five of the former and eight of the latter for night duty. Six attendants and eight nurses hold charge rank. The staff appears to be sufficient and efficient, an opinion supported by the fact that 20 attendants and 12 nurses hold the certificate of the Medico-Psychological Association, and that 10 of the former and 12 of the latter have passed the preliminary for that certificate.

Since my colleague visited in May, 1922, Dr. Reardon has been appointed in place of Dr. Archdale. He has to-day given me evidence of great interest and keenness in his work, and I wish him on behalf of my Board every success in the future. He has the assistance of two medical officers, Dr. Glyn Thomas and Dr. McCarthy.

Carmarthen Mental Hospital.

June 21st, 1923.

I visited this institution to-day, and, to the best of my belief, saw all the patients in residence. I found them generally free from complaint as to their treatment, though many asked for their discharge, and several spoke with gratitude of the kindness shown to them by the staff. Their general health appeared to be good and only 11 women and 17 men were confined to bed. The arrangements for nursing the sick were satisfactory but bed cards or, at any rate, temperature charts should be provided for all patients who are in any way ill, and more care should be taken with

the manner in which surgical dressings are kept. Tubercular patients are nursed in the ordinary infirmaries, which are also used for certain of the new admissions, and unfortunately there are no verandahs attached to these wards, where open air nursing by day and night can be given. There are at present nine males and six females known to be suffering from this disease. The institution has been quite free from epidemic disease since the visit paid by my colleague, almost exactly a year ago, but there are records that 23 patients have suffered from severe, and 12 from slight diarrhœa, during the same period, and it appears to be doubtful whether some of these cases were not in reality cases of dysentery.

The foul clothing from any suspected cases is passed through the steam disinfecter, but I hope it may be found possible to deal with all foul clothing in this way, or by boiling, as it is impossible to be sure that any case of dirty habits may not be the source of infection.

The wards, and their annexes, were well kept, and they had a fair supply of books, &c., for the patients' amusements. Some have been redecorated and I understand this work is going on. I hope light colours will be used to brighten them up.

The changes that have taken place amongst the patients during the period under review leave on the books the names of 603 patients, 310 men and 293 women, and all were in residence to-day except two male criminal patients, who had escaped.

Of these numbers 28 men and 15 women are private patients, 21 of the former being Service patients, and one woman chargeable to an out-county union.

There are vacancies for 20 women, but the male side is overcrowded to the extent of 21.

The maintenance charges have fallen to 19s. 10d. for home and out-county patients, and from 22s. 6d. to 35s. for private patients.

The chief causes of the deaths, 51 in number, have been heart disease in 14 instances, senile decay in 14 and organic brain disease in seven.

Only seven post-mortem examinations have been held, but I hope this proportion may be very largely increased in future, though I recognise that with only one assistant medical officer on the staff, there can be little time at his disposal for this valuable work.

My colleague at the last visit referred at length to the reduction in the medical and nursing staff, and there has been correspondence between my Board and the Committee on the subject, and I can only say that I hope the Committee will again give their serious consideration to both questions. With regard to the nursing staff I would add that to-day I was informed that last night three large female wards were left from 6 p.m. onwards with only one nurse in each, though during this time patients are going to bed and need special supervision. I was also informed that the admission ward, in which there are over 70 patients, 16 of whom are considered to be acutely suicidal, is sometimes left with a dangerously low staff.

I had the advantage of meeting three members of the Committee and of explaining to them my views on the above points.

I saw a good dinner of corned beef and vegetables being served to the patients in the dining hall. The diet is still of a rather monotonous character and bread and butter only is issued every morning for breakfast. I should think that considerable variety could be introduced, without detriment to the food value, were some of the more expensive items, at present given, replaced by others, so that the cost would be little, if any, greater.

Dr. Richards still has the assistance of Dr. Doig as his only Medical Officer.

Cheshire Mental Hospitals.—1. Upton, Chester.

July 17th, 1923.

We have yesterday and to-day paid our annual visit of inspection on behalf of our Board to this well-managed institution.

During the eighteen months that have elapsed since the last visit there have been the following changes among the patients :—

	M.	F.	Total.
Admissions	234	306	540
Discharges or Removals	104	101	205
Discharges upon Recovery	63	67	130
Deaths	103	142	245

There are now on the books the names of 1,440 patients, 622 being of the male, and 818 of the female sex. Three of the men and two of the women were absent on trial; in this connection we observe that during the period under review 75 patients have been allowed out on trial, money allowances while away being granted in 55 instances. There are 154 patients of the private class, including 62 "Service" patients. These men are very well cared for, the great majority being housed together in a special ward where proper facilities for recreation and amusement are provided; all but two receive the weekly allowance of 2s. 6d. or its equivalent. The out-county patients are 14 in number, who are chargeable to various out-county unions.

There are 99 vacancies on the male and 35 on the female side of the institution.

The patients of both sexes seemed generally contented, the only complaints made to us being in connection with the necessity for further detention, and these were not very numerous; the clothing and personal appearance of the patients of both sexes were quite satisfactory, and there was very little noise or excitement. A considerable amount of parole is allowed, 70 men having full parole of the grounds, while 43 men can go beyond the estate, and 30 of the women are allowed out with their friends each week.

The condition of the wards and dormitories both in the older and the newer parts of the institution was good. In one or two of the older wards the w.c. arrangements, as has often been pointed out before, are not very satisfactory. We discussed the condition of F. W. 6 with Dr. Grills, who has in mind a slight alteration which would, at any rate temporarily, meet the difficulty at a small cost, and we think that some such scheme ought to be given a trial. The general bathing and washing arrangements seem to be on proper lines, but we should like to see hand towels introduced, at any rate for the patients who are capable of appreciating such a provision.

The only substantial improvement to which we need refer has been the transfer of the Pathological Laboratory to what is known as the 1896 building. The rooms provided appear to be excellently adapted for the purpose, and the further development of this work will be of great advantage to the institution. We think that the appointment of a full-time Laboratory Assistant will be essential to receive full benefit from the work of this department.

In the wards on each side where juvenile patients are received in addition to the adult inmates who constitute the large majority of the occupants, we noticed several children, whose names we give in the Patients' Book, who we think should be dealt with under the Mental Deficiency Act and sent to a certified institution under that Act, where they would receive the training and care which are appropriate for such cases. This would mean that they would have to be exempted from the Poor Law and accepted by the local authority of the area from which they come. We cannot regard the presence of such children in the adult wards of a mental hospital, where no special arrangements can be made for them, as a satisfactory method of dealing with such cases.

We hope that the use of the cinematograph, which has been discontinued for some two years owing to the unsatisfactory character of the films supplied, will speedily be resumed. Suitable films are not now difficult to procure, and we know from what we see in other similar institutions the great pleasure afforded to patients by "the pictures."

The dinner yesterday consisted of a thick scowse with bread, and to-day of a substantial meat pie with potatoes and peas.

Breakfasts and teas have been receiving attention in order to vary the monotony of perpetual bread and margarine, and we are glad to know that a light supper is provided for patients who have the privilege of staying up.

The weekly maintenance charge to the Guardians has now been reduced to 15s. 9d. Out-county patients are received at 24s. 6d. and private patients at rates varying from 28s. to 42s. per head per week.

It is evident that considerable attention is paid to the classification of the patients according to their mental and physical state, the separation of the acute and probably recoverable from chronic cases being well defined. The reception wards on each side of the hospital are definitely restricted to recent cases of hopeful type who receive special attention.

Approximately 160 patients were in bed to-day for a variety of reasons, an exceptionally large percentage of them being under treatment for mental reasons or under special nursing care for senile or other debility. Such cases were receiving all necessary medical and nursing care and attention. Excluding sick cases the general health of the institution was good, and there was evidence from nutritional state of dietetic sufficiency.

Amongst cases in bed were two of pellagra, a disease that up to recent times has been uncommon in mental hospitals in this country, and five cases of enteric fever—three patients and two members of the staff. It is satisfactory to note that the medical staff are fully alive to the necessity of investigation and close study of all cases of the former disease that occur, and to record their energetic and successful efforts to check the spread of enteric. Their prompt segregation of two “carriers” has in all probability prevented what might have proved a serious outbreak of this disease.

Of the 245 deaths since the last visit, heart disease was responsible for 19 per cent., tuberculosis for 14 per cent., and senile decay for 11 per cent. The proportionately large number of deaths from tuberculosis indicates the necessity for strenuous efforts in the direction of early diagnosis and segregation for which, in addition to good laboratory provision, facilities for extended open air treatment is much to be desired.

The death rate per cent. of the hospital population for last year was 14.18 for males and 13.80 for females, and 13.96 for both together. This is an increase on recent years, but may be accounted for partly by normal variation and partly by the unusually advanced age of recent admissions. Since the last visit, more than half of the patients of both sexes admitted to the institution were over 60 years of age, in feeble physical health, and in many cases suffering from disease of the heart and circulation.

Inquests were held upon two deaths, one a case of senility where a fatal result followed a fracture accidentally sustained, and a second in which death resulted from heart and lung disease accelerated by injury to ribs, four of which were found on post-mortem examination to be fractured. No evidence was forthcoming as to how the fractures were sustained but the patient was a man of great violence who was constantly attempting to injure himself. Full details of this death were communicated to our Board at the time.

Fourteen non-fatal casualties are reported, all in the nature of fractures or dislocation of bones accidentally sustained.

From the miscellaneous returns made annually to our Office we notice that the percentages of the patients employed remain below the average in mental hospitals generally, especially on the female side.

The nursing staff remains practically at the same strength as last year, except that we notice a reduction of four nurses engaged on night duty. The difference is more apparent than real, as it is due to the employment of probationary nurses who do night duty as part of their training and are not on the permanent staff.

Fourteen female nurses continue to be employed in nursing male wards with very good results.

Dr. Grills, who may be congratulated on the condition in which we have found the institution, has the assistance of four medical colleagues, one of whom is a lady, and one on a temporary basis.

Cheshire Mental Hospitals.—2. Parkside.

July 19th, 1923.

Only six months have elapsed since this institution was last visited by a member of our Board; but in this period, though short, a good deal of useful work has been carried out to improve the general administration, and to facilitate the medical treatment of the patients on modern lines. We may particularly mention the improvements that are in progress at the Pathology room and for installing electro- and hydro-therapy rooms at the M. and F. admission wards at the annexe. We have been shown plans of a new clinical room and additional verandahs at the admission block, which are now being considered by the Committee, and which will, if approved by them, be submitted to our Board. We saw the proposed alterations and additions on the spot and formed the opinion that they had been carefully thought out and would constitute a valuable improvement. In addition to a considerable amount of painting and general redecoration, a cinematograph has been installed and a new boot house built in place of the old one which has been converted into a workroom. The Committee have also purchased a charabanc and numerous patients are taken out for motor drives three times a week. In the hall at the annexe a canteen counter is being set up where the patients can make small purchases with their own money.

The following changes among the patients since the last visit have taken place :—

	M.	F.	Total.
Admissions - - - - -	55	96	151
Discharges or removals - - - - -	24	41	65
Discharges on recovery - - - - -	11	19	30
Deaths - - - - -	31	35	66

There are to-day on the books the names of 1,282 patients, 544 being of the male and 738 of the female sex. Nine patients were away on trial and we are glad to notice that the practice prevails here of allowing patients out on trial previous to full discharge, money grants during the period being allowed to such patients as require this assistance.

Patients of the private class number 152 (42 males and 110 females). The private patient accommodation at Uplands is very attractive in appearance and comfortably arranged. There are 60 "Service" patients who appeared to us to be receiving proper care and attention, a view which is confirmed by the reports of the representative of the Minister of Pensions who periodically visits these cases. All these patients have the benefit of the special allowance of 2s. 6d. per week. At their own request 2s. is used on extra diet, fruit, cigarettes or tobacco, and the balance is credited by the Ministry of Pensions to the patients' accounts.

The out-patients number 63, and of these 47 are received under contract from Nottingham City Mental Hospital.

The institution to-day is practically full for while there are vacancies for six men, there are 15 women above the proper complement.

The wards, corridors and dormitories are extremely well kept and we were particularly struck with the homeliness and comfort of those in the older parts of the institution. Exceptional facilities are afforded for interesting and amusing the patients and we learn that a special games and occupation mistress has been appointed and will take up her duties towards the end of this month.

The patients generally were quiet and well conducted—there are among them a fair proportion of violent and dangerous cases which appear to be dealt with by the staff with considerable tact and discrimination. We received a small number of appeals for discharge but no other complaints.

of any sort. Attempts are made to consult the wishes of such of the female patients as are capable of taking an interest in their dress and personal appearance.

The dietary is on a liberal scale and well varied : we saw yesterday an excellent dinner of roast beef with potatoes and cabbage served in the dining hall and in several of the wards. The breakfasts and teas have received much attention—at the former bacon is given twice, fish once, and porridge with marmalade on four days a week, and at the latter kipper or haddock, cheese and jam or marmalade; for patients who are allowed to sit up, cocoa and bread and cheese are provided.

The weekly maintenance charge to the Guardians is 15s. 9d. Out-county patients (including those received under reception contracts) pay 21s., and private patients from 28s. to 77s. per head per week.

The general health of the institution appeared to be good, the 6·4 per cent. of the patients under special nursing treatment in bed being for the most part cases of debility or persons suffering from mental excitement. There was a minimum of serious illness; only 12 cases of tuberculosis, including some in passive state, were under care and two cases of dysentery.

During the last six months the deaths that have occurred numbered 66, of which 20 were due to heart disease, 12 to kidney disease, nine to general paralysis, seven to pneumonia and four to tuberculosis. All but three were due to natural causes. Inquests were held on these exceptions, one being the case of a woman suffering from fatty degeneration of the heart, who died from syncope due to food lodging in the larynx : a second, also a woman, who succumbed to vascular degeneration and pneumonia, accelerated by an intra capsular fracture of the femur accidentally sustained : and a third, the case of a man who hanged himself with a piece of wire in the grounds. The verdicts in the first two cases were that the deaths were the result of accident, and in the third suicide while of unsound mind. No blame in any of these cases was attributed to the staff and the circumstances of each were reported to our Board at the time of their occurrence.

Serious casualties numbered four, three being fractures accidentally sustained and the fourth an injury to the foot and back resulting from an attempt at suicide on the part of a man who is now recovering from the result of his action.

We are pleased to record our satisfaction at the efforts of the medical staff to do all they can for the mental treatment of patients on the most approved lines, especially in regard to recent admissions and recoverable cases, the result of which is evident in the good proportion of discharges on recovery.

Progressive action is also evident in regard to the physical welfare of patients as shown by recent improvements in laboratory facilities. We consider the new laboratory accommodation excellently adapted to the purpose for which it is intended, and, feeling as we do, that much of the future advance in mental treatment, and practically all progress in physical treatment, will depend upon scientific research, we regard the provision of these useful adjuncts as a valuable step in the right direction. On the grounds that many mental hospitals are now finding their laboratory provision of infinite value and that such facilities will become increasingly necessary, we hope the Committee will not shrink from incurring the expense of appointing, at an early date, a full time pathologist.

The mortality rate per cent. for 1922 which was 7·2 (6·1 males and 8·1 females) is very satisfactory. We also record with satisfaction that of the 66 deaths occurring during the period under review the cause was verified by post-mortem examination in 61 cases.

Nineteen female nurses are employed in the male wards, an arrangement which has been in practice here for some time, and appears to be working exceedingly well as regards the comfort and well-being of the male patients.

Dr. Cormac has the assistance of four medical colleagues, one of whom is on a temporary basis.

Cornwall Mental Hospital, Bodmin.

June 13th, 1923.

As the result of the changes which have taken place amongst the patients since my colleague visited in December last, there are now on the books the names of 1,048 patients, 505 men and 543 women, and all were in residence to-day, except 12 women and five men who were away on trial, and one woman who was on leave.

Private patients number 58 males and 42 females, 35 of the former being Service patients; and 48 patients are chargeable to out-county unions. The maintenance charges are 18s. 1d. for home, from 23s. 1d. to 31s. for out-county, and from 25s. to 84s. for private patients.

The hospital provides accommodation for 517 males and 583 females, there are therefore vacancies for 12 of the former and 40 of the latter. During yesterday I inspected all parts of the building and found everything in very good order, much redecorating, both external and internal, has been carried out and is being continued, and several improvements, to which attention was drawn by my colleague, such as the addition of lavatory basins in the kitchen and in some of the female wards, and the addition of dwarf doors to W.C.'s, have been completed. The question of providing a general bath-room on the female side has been considered by the Committee, but, for the present, they have decided to postpone it, and instead they have placed an additional bath in certain of the female wards.

A temporary verandah for the accommodation of tuberculous patients has also been added to the isolation hospital, and the whole of the buildings are being wired for electric light.

The patients rooms were well kept and were bright and cheerful, but there is still a lack of books to which the patients can have free access. The airing grounds also were well kept and appeared to be very pleasant places, though I should like to see some forms of amusement in them for the many patients who use them and seldom go beyond them.

The patients appeared to be comfortable and in good health and were practically free from complaint, except as to their detention. Many expressed gratitude for the kindness shown them. I was glad to hear that, whenever their friends wish it, the patients are allowed to wear their own clothing, and that great efforts are being made to improve the cut and style of the garments, especially on the female side. Overcoats are now being provided for the men, but the stock is not as yet sufficient for all who need them. They have no night shirts.

The classification of the patients appeared to me to be quite on the right lines, but I was surprised to find a somewhat large number of long standing cases in the admission ward on the female side, and that the similar ward on the male side is used as an infirmary as well as for recent cases. I think the first point can easily be rectified, and hope Dr. Dudley will also endeavour to set apart a small ward on the male side for recent cases only, though I recognise that he will have considerable difficulty in doing so. I understand that plans have been forwarded to my Board for adding a small observation dormitory to the female admission ward, where patients who are specially in need of quiet, may be nursed. This should be a great improvement to the ward. I hope, too, that Dr. Dudley will institute as many "open door" wards as possible on both sides of the building, and allow, at any rate, the upper sashes of the windows of some of the wards to be unblocked.

Another matter to which I wish to draw notice, and which I hope will receive early attention, is the method of giving aperient medicines. These should never be given unless by medical order, and a medical officer should always sign or initial such order.

The patients' diet appeared to be ample in quantity, and the dinner I saw was good and excellently served, but there is still room for improvement with regard to its monotony. This could, I believe, be done with little, if any, extra cost, and I hope the Committee will consider it.

The death rate for 1922 was somewhat higher than for 1921, but is still satisfactory, being 9 per cent. for men and 6 per cent. for women, or a total of 8 per cent. for both sexes.

The chief causes of the 58 deaths have been senile decay in 11 instances, general paralysis in seven, tuberculosis in six, and congestion of the lungs in six.

The institution, except for one case of dysentery on the male side, has been free from epidemic disease, but one man and 15 women are known to be suffering from tuberculosis. These cases are segregated from others, and are being carefully nursed—the females in the isolation hospital and the males in “the yard” of the Foster building. There has been no record of any case of diarrhoea.

One patient, a woman, has been restrained by mechanical means for a total of 334 hours to prevent her injuring her arm, which had been operated on for cellulitis.

The staff now consists of 70 attendants and 74 nurses for day, and of 11 of the former and nine of the latter for night duty. Those who have passed the preliminary examination for nursing certificates of the Medico-Psychological Association number 25 men and 15 women, and the final examination, 33 men and eight women.

I was glad to hear that the Committee have now appointed a dentist who will visit once weekly. It is to be hoped that in the first instance he will attend to all admissions and recent cases, and afterwards, as opportunity occurs, to the others.

Dr. Dudley now has the assistance of Dr. W. G. Rivers and Dr. A. Dixon.

Cumberland and Westmorland Mental Hospital.

September 4th, 1923.

I have to-day visited this mental hospital and can report favourably of the care and treatment of the patients and of the manner in which it is being administered.

The changes among the patients since my colleague's visit in December last comprise the following:—

	M.	F.	Total.
Admissions - - - - -	63	48	111
Discharges or removals - - - - -	21	18	39
Discharges upon recovery - - - - -	19	8	27
Deaths - - - - -	33	26	59

There are now on the statutory books, 842 patients, in the proportion of 441 males to 401 females.

There are 45 patients (15 male and 30 female) of the private class, in addition to whom there are 31 “Service” patients. These men are being warded in the general wards of the institution, and appeared to be suitably classified according to their conduct and mental conditions; they are receiving all proper care and attention as well as the privileges to which they are entitled. There are only two patients chargeable to out-county unions. One man was away on trial. There are at the moment vacancies for 14 on the male and for 38 on the female side.

The day rooms and dormitories are well kept, and the beds and bedding were in capital order; the condition of the ward gardens was especially satisfactory.

The patients of both sexes had a well-cared-for appearance, and apart from the subject of detention I received no complaints; the general behaviour was excellent, and the dress and personal appearance both of the men and of the women were creditable.

I was sorry to hear that there has been a good deal of trouble with dry rot; several floors have had to be taken up and replaced, and the roof timbers of the old wards on both the male and the female side are not in a satisfactory state owing to the ravages of the death watch beetle.

I hope that the practice of giving money allowance to patients out on trial will be extended, and also I think the number of patients allowed out on trial is far below the average usual in mental hospitals generally, and might usefully be increased.

I notice that, so far, no dental surgeon has been appointed to pay regular visits to the institution; the important part played by the teeth in the physical and mental welfare of patients is now generally recognised, and there are few mental hospitals that have not entered into such arrangements.

The returns relating to the number of patients usefully employed are below the average. Dr. Farquharson is well aware of the fact, and accounts for it by the poor capacity of many of the recent admissions. I think it is very unfortunate that such a limited use of patients' labour is made in the well appointed workshops.

The dinner to-day which I saw served in the dining hall, as well as in several of the wards, was a good one consisting of a substantial meat pie with potatoes, cabbage, and bread. I received no complaints on the subject of the food, and the patients generally seemed well nourished, but further variety might at moderate cost be given to the breakfasts and teas.

The weekly maintenance cost of home patients is now 17s. 6d.; out-county patients are charged for at 24s 6d., and private patients at rates varying from 28s. to 42s. per head per week.

The comfortable private accommodation at Westmorland House is now utilised for 11 ladies only instead of 24, its full capacity, while Cumberland House is still occupied by staff.

The general health of the patients during the period under review has been quite satisfactory, and the mortality rate for 1922 was only 8·8 per cent. (8·2 per cent. male and 9·5 per cent. female). There was a mild outbreak of influenza in February and March of the present year, and three doubtful cases of dysentery during the whole period; no one was suffering from this disorder to-day, and there were only eight cases of tuberculosis under treatment. Fifty-three men and 60 women were undergoing treatment in bed to-day, mostly in the commodious verandahs; there was little serious illness, the majority of the patients being in bed for the debility of old age or for treatment of their mental disorder. New cases are admitted to the hospital wards on both sides, and there is no separate admission hospital.

The 59 deaths were due to natural causes, verified in every instance by post-mortem examination. None of the causes of death appear to call for special mention, and in no case was an inquest held.

The only serious casualty was a fracture of a femur in the case of a female patient who was pushed down by another patient.

The staff of attendants and nurses consists of—

					Male.	Female.	Total.
Charge	-	-	.	-	8	9	17
Ordinary	-	-	-	-	37	45	82
Night	-	-	-	-	7	7	14

Two female nurses are employed on the male side.

The staff work on a basis of a 65 hour week, inclusive of meal times, with two days off duty each week.

Dr. Farquharson has the assistance of two medical colleagues.

North Wales Mental Hospital, Denbigh.

June 26th, 1923.

When I commenced my inspection of this institution, yesterday, I found on the books, the names of 995 patients—488 being of the male, and 507 of the female sex. Of these numbers, seven men and five women were away on leave for trial, reducing the total under care to 983. According to the return of accommodation made to my Board in January

last, this state leaves vacancies for 38 men, and shows an excess of 11 in the female population over the accommodation available for that sex. Having regard to this, it is unfortunate that a shortage of nurses, owing to the illness of many, necessitates the temporary closure of the day room in female ward 4. As a result, there seemed to be a suggestion of overcrowding in some other of the female wards, which although not serious at this time of year, should be remedied before late autumn deprives patients of the opportunity of spending much of their time in the open air.

During my tour of inspection, I saw all patients, and gave to all who desired it an opportunity of speaking to me. Although many availed themselves of this, the complaints I received were few, and those that were made were either obviously due to mental disease, or had reference to a desire for freedom, for which they were unfit. There was a minimum of excitement, and the general tone was one of contentment, for which it seemed obvious that the good feeling existing between patients and medical and nursing staff is mainly responsible. On both sides of the institution patients were clean, tidily dressed, and gave evidence of being carefully attended so far as their physical needs are concerned.

The general health was very good, and the nutritional state of patients satisfactory enough to provide evidence of dietetic sufficiency. Only 23 patients were in bed in the hospital wards, 17 on the female, and six on the male side. Of the former, one patient was suffering from erysipelas, one was convalescent from diphtheria, and five were actively tuberculous, the remainder being the subjects of senile or other debility. Four of the men in bed were phthisical, one a case of acute rheumatism, and one a general paralytic. There were no cases of dysentery or "severe diarrhoea" under treatment. Sick persons were receiving all necessary medical and nursing care and attention, and the tuberculous cases were being treated, under open air conditions, in shelters or verandahs isolated from other patients.

The two hospital wards were on the whole thoroughly equipped for their purpose, but I think their value would be materially enhanced by the provision, in connection with each of them, of a clinical room, where both the mental and physical examination of patients could be conducted with a greater degree of privacy. This could be done by a little rearrangement of rooms at trivial cost.

In February and March last, an outbreak of dysentery occurred, during which 10 male patients, and one female, were attacked, resulting in the recovery of all those affected except one man. The outbreak was arrested by the strict isolation of infected persons, with thorough cleansing and disinfection of the wards where the disease occurred. Thirty-six cases of influenza amongst patients, and 12 amongst the male staff, occurred in the spring of this year, resulting in the death of six patients, and two cases of enteric were notified last month, a female patient and a nurse working in the same ward. The patient unfortunately died, but the nurse is still under treatment in a hospital ward single room. The number of cases of tuberculosis on the books to-day, including latent and recovering cases, is eight men, and six women, total, 14.

The fact that, out of a total of 95 persons discharged since last August, 80 were released on recovery, speaks well for the attention given by the medical staff to the mental needs of their patients. The best that can be done in the direction of classification is probably being carried out, but Dr. Jones is hampered in this respect by his large wards, and by the absence of the small villas for recovering cases that were contemplated before, and prevented by, the advent of war. It is very desirable that the Committee should bear in mind the urgent need of some such provision as this when circumstances render further additions possible.

The death rate for 1922 was equivalent to 10.33 per cent. of the daily average number resident, rather higher than the preceding year, but well within an expected range of normal variation. Deaths since last visited total 65, of which number 10 were due to pneumonia (rather

a large proportion), seven to tuberculosis, six each to general paralysis, epilepsy, and influenza, and the remainder in small numbers each to a variety of conditions that afford no material for comment. With one exception, all deaths were due to natural causes, the exception being the case of an old male patient who succumbed to a fracture of the femur, accidentally sustained. The only inquest held was on this case, the resulting verdict being death by misadventure.

I am sorry to find that the hospital is still without the services of a visiting dentist. It is obvious that many patients require skilled attention in this respect, and it is possible that some would benefit both mentally and physically from a thorough overhaul. Moreover, the high incidence and mortality from pneumonia might possibly be reduced materially by the prevention of oral sepsis.

Although a large proportion of women are employed in occupations suitable to their sex, it seemed to me that more might be done with advantage to develop industries for men. It is true that 62 of them are employed on farm and garden work, which is good, and numbers varying from four to eight in kitchens, mess rooms, stores, bakery, etc., but apart from these occupations there is practically nothing but ward work, no improving outlet for male energy. It seems probable that a small class held in each of the shops, upholsterers, tailors, shoemakers, carpenters, painters, and smiths, might be of advantage, therapeutically in some cases, and should ultimately increase the capacity and output of these departments.

Concerning the condition of the wards and dormitories I can report most favourably. Much has been done of late to improve their amenities and add to the comfort of patients occupying them. A good new maple floor has been laid in male ward 5, the wall seats have been removed, and the room tastefully refurnished. An X-ray apparatus has been installed with up-to-date apparatus, which should prove of great value for diagnostic purposes, and certain changes are in course of being carried out in the isolation hospital building to enable beds to be wheeled from wards into the open. Plans for verandah extensions on the female side are now with my Board.

The maintenance rates are 17s. 6d. per head per week, for home patients; 21s. 7d. for out-county cases, and from 21s. to 74s. 6d. for cases in the private class. The staff consists of 62 attendants and the same number of nurses, nine of the former and seven of the latter holding charge rank. Seven attendants and eight nurses are occupied on night duty.

It was explained to me that the small number of nurses who hold the Medico-Psychological Certificate is due to the fact that many of them understand English insufficiently well to do credit to themselves in an examination held entirely in that language. No change has taken place in the medical staff, Dr. Jones, in his able administration of the institution still having the assistance of Drs. Hutton and Davies, by whom the books and records are well kept.

Derby County Mental Hospital.

July 11th, 1923.

I have to record with much regret the untimely death of Dr. Marriott Logan Rowan in August of last year. He had been the Medical Superintendent of this Institution since 1914, and prior to that had occupied the position of Senior Assistant Medical Officer. Dr. Rowan has been succeeded by Dr. George N. Bartlett, formerly the Medical Superintendent of the Exeter City Asylum. From the conditions which I found during the course of my visit and the widest interest and keenness which he is showing in the administration of the Hospital and the comfort and well-being of the patients, we may, I think, rest assured that he will, with the assistance of the Committee, do all in his power to bring the classification and treatment of the patients into line with modern ideas in so far as the means at his disposal will permit.

The heating and lighting of the Hospital have been under consideration for some time, and though, at this season, I am unable from personal observation to test the existing conditions, I understand that considerable improvement has been made, and Dr. Bartlett is satisfied that during the past winter the temperature of the wards showed a marked improvement. This question, which has been the subject of considerable correspondence and discussion between the Board and the Committee, has lately received further consideration at the Committee's late meeting, the result of which will, I understand, be shortly communicated to the Board.

I was very pleased to find that Dr. Bartlett has introduced "club wards" on each side, that parole is extensively allowed on the male side, and that the granting of a similar privilege on the female side is under his consideration. Shopping parties and outside walking parties are common practice, and trial of patients is extensively used, not only with a view to discharging patients as recovered, but also to test their capacity for being dealt with under the provisions of Section 79 of the Act.

If desired, patients are permitted to wear their own clothes; the use of tooth brushes is encouraged and prevails extensively in some of the wards, and a visiting dentist is shortly to be appointed. I hope that ere long, a visiting physician and surgeon will be added to the staff, and I cannot but think, in view of the necessary time which is taken up by the assistant medical officers in dispensing medicines, that the Committee would be well advised to obtain the services of a dispenser to carry out these duties. I found the Institution throughout in very good order, and the patients were, so far as I could judge, well nourished, and were certainly free from complaint as to diet, surroundings and treatment. There were, of course, a few requests for discharge, but a general spirit of contentment was apparent and especially amongst those patients who were able to appreciate what had been and what was being done for them.

The sick were well nursed. The male infirmary is staffed by nurses during the day; an attendant is on duty at night and I venture to think that in order to give infirmary treatment to all the male patients who require it, it may be necessary to arrange for the provision of a supplementary infirmary where patients can be nursed who are hardly suitable for female nursing.

The diet is receiving attention and the monotony of the morning and evening has been to some extent taken in hand.

Since 15th May 1922, there have been 270 admissions, and, a result of the changes which have taken place, there are to-day on the books 765 patients—males 389, females 376—42 of whom are classed as private, including 41 service patients, the majority of whom are accommodated in one ward, and all of whom appeared to be, as the others, in receipt of due care and attention.

There are no out-county patients.

The patients on trial number eight, and there were to-day in residence 384 males, 373 females—a total of 757, all of whom, I believe, I have seen.

There are three males and 14 females in excess of the accommodation.

The maintenance charge for home and out-county patients, respectively, is 21s. and 24s. 6d.

There is no record of mechanical restraint.

There were 77 patients confined to bed, some, but not many, acutely ill, the great majority being so treated for mental reasons and the feebleness of old age.

There have been 82 deaths since the last visit, and in two instances inquests were held, the circumstances of which have already been reported. General paralysis was the cause of death in eight instances, tuberculosis in 14, heart disease in eight, and senile decay in three; and in 54 out of the 82 deaths, post-mortem examinations were held.

There have been seven cases of dysentery—male 1, female 6; and 18 cases of tuberculosis—male 11, female 7; and there were to-day

seven males and five females who were actively suffering from tuberculous disease, and for these patients separate drinking and feeding utensils are provided.

There have been four serious non-fatal casualties, none of which call for special attention.

The staff consists of : Charge attendants, 10 ; ordinary attendants, 29 ; charge nurses, 12 ; ordinary nurses, 45 for day, and six of the former and 11 of the latter for night duty. Twelve nurses are employed on the male side.

Classes for the instruction of the staff have been re-established, and eight attendants and five nurses hold the certificate of the Medico-Psychological Association.

Dr. Bartlett has the assistance of two medical officers, by whom the case books and records are well kept.

Devon Mental Hospital.

February 23rd, 1923.

As the result of the changes which have taken place amongst the patients since my colleagues visited in June last, there are now on the books the names of 1,104 patients, 433 men and 671 women, and all were in residence to-day except five men and nine women who were away on trial.

The total estimated accommodation of the hospital provides for 625 men and 814 women ; there are therefore vacancies for 197 men and 152 women, and in addition 71 beds, 32 male and 39 female, are occupied by out-county patients, the majority of whom are chargeable to Devonport and Plymouth.

Fifty-five men and 24 women are classed as private patients, 40 of the former being " Service " patients.

The maintenance charges have now been reduced to 24s. 6d. per week for home, to 26s. 6d. and 29s. 6d. for out-county, and to 35s. to 63s. for private patients.

At my visit during yesterday and to-day I found all parts of the building to be in excellent order and well kept, and I was glad to see the improvements that have been made in many of the wards by the addition of curtains and in other ways, but there is still a lack of plants and ornaments, especially in the wards reserved for the more troublesome patients. I mentioned this matter to Dr. Eager and learnt from him that he is much handicapped by the lack of greenhouse accommodation where plants for the day rooms could be grown. This is a matter which, I have no doubt, the Committee will remedy when the opportunity occurs.

Other improvements, some of which have been mentioned before and are, I believe, under consideration by the Committee, all to be, I hope, taken in hand as soon as the financial position admits. These are the operating theatre, a matter of urgency, the alteration of further sanitary blocks, the provision of continuous baths on each side of the building, the provision of boxes in the wards in which patients can post their letters, the provision of verandahs attached to the infirmary wards, and the improvement of the dressing accommodation attached to the general bath-room on the female side.

I found the patients to be generally contented and, except on the question of diet, concerning which several patients complained, free from complaint, though naturally a number objected to being detained. They were tidily dressed and their clothing is of good quality, but I thought there was room for considerable improvement in the cut and style of their garments, especially on the women's side. The matron promised to give her attention to this matter. I was glad to hear that now there is an ample supply of overcoats for both staff and patients.

Some improvement has been made in the diet, especially for the working patients, but there is still no variation in the monotony of the bread and margarine for breakfast, and for tea jam and cake are only

given on two days in the week. I hope the Committee will again consider this question, which has been mentioned before, and take steps to remedy what appears to be a just cause of complaint.

In ward 3, on the male side, I saw some 10 young boys, who are looked after in a room by themselves by a male nurse. I could find no fault with the way in which they were being treated, but I am sure that such low grade cases could, in every way, be better cared for by women, and I believe Dr. Eager is of the same opinion. Perhaps the Committee will consider this.

In examining into certain of the records that are kept I found that aperient medicines are issued to the wards in large stock bottles, and are given to the patients without any written medical order. This is a matter that requires immediate alteration, and I drew Dr. Eager's attention to it.

The patients' general health appeared to be good, but tuberculosis is still far too common amongst them. Seven males and 21 females at present, and this disease accounted for no less than 23 of the 95 deaths which have occurred since the last visit. During the year ending December 31st last, 27·8 cases of tuberculosis have been certified per 1,000 of the hospital population, while for all mental hospitals the mean rate was 17·1 per 1,000, and the deaths for this hospital were 26 per 1,000, as against 11·8 per 1,000 for all hospitals. Patients suffering from this disease are isolated from others and careful precautions are taken to prevent the risk of others being infected, and one cannot but think that the presence of such a large number of cases is another urgent reason for augmenting the general diet.

I was glad to note that there have been no cases of enteric fever or dysentery, though there are records of 19 cases, 11 men and eight women, of diarrhoea. The fact that before long it will be possible to examine bacteriologically, on the spot, the excreta of all suspected cases will be of the utmost value as a guide to treatment.

All the deaths were due to natural causes and no inquests have been held.

Of the patients who have been discharged, 74 in number, 57 had been allowed out on trial, but to only six of them had money allowance been granted. I was glad to know that trial is used not only for cases thought to be on the road to recovery, but also for others who, though still far from well mentally, may be able to live at home with relations or friends.

I discussed with Dr. Eager several matters with regard to the classification of the patients and the arrangement of the wards and also as to the possibility of unblocking windows on the ground floor and the use of "open door" wards for as large a number of patients as possible. Dr. Eager is fully in sympathy with this method of treatment and has the matter under consideration.

The staff now consists of 60 male and 78 female nurses for day, and of 10 male and 16 female nurses for night duty. Those who have passed the preliminary examination for the Medico-Psychological Nursing Certificate number three men and four women, and the final examination 20 men and eight women. It was most interesting to find that the nurses are encouraged to make written notes on their patients' cases. These notes will be filed with the medical officers' clinical records and should be of the greatest assistance in helping the medical officers to know every small variation in their patients' conduct and condition.

Dr. Eager, who only took up his duties in July last, has already done much to add to the comfort of his patients, and he is evidently extremely interested in doing all he can for their well-being and good treatment. I think he may well be congratulated on a most successful start.

He has as his assistants Dr. Bainbridge, Dr. Penny and Dr. Marwood.

Dorset Mental Hospital.

April 24th, 1923.

This is the first opportunity I have had of seeing this important Institution, and my visit, commenced yesterday afternoon and extended throughout to-day, has much interested me; in particular, I have been impressed with the commendable spirit of progress which appears to animate those responsible for the hospital's administration and medical organisation.

Since my colleague's visit in October last year, further work has been carried out in connection with new drainage on the male side; and, by monthly examinations (undertaken in the hospital's laboratory by Dr. Barton White) of samples from the deep well's rising-main and from a ward tap, a careful watch has been kept on the quality of the water supply. Though an improvement has taken place in this, it still shows cause for some anxiety, and will be the subject of further correspondence with our Board.

Among other improvements that have been effected or which are in progress, may be mentioned (1) the provision of a new calender in the laundry—in visiting which I noticed the absence of any high-pressure steam disinfecter; (2) extension of the kitchen mess-room so as to allow of combined and better messing arrangements for the kitchen and laundry staff; (3) the provision of a cycle-house and enlargement of the engineer's storeroom—plans of which are before our Board; (4) the erection of a detached house for the deputy superintendent; and (5) the fixing of some sliding windows and roll shutters to a solarium. In relation to this last item, I would repeat my colleague's caution as to the importance of keeping these windows open as frequently as practicable, and also my hope that, as opportunity arises, still further verandah facilities will be provided, especially for patients undergoing rest-in-bed treatment for acute phases of mental illness. As auxiliary thereto, the installation of apparatus for the easy administration of "continuous baths" on each side at the main building and at Herrison would undoubtedly much enhance the medical resources of the hospital. Also, to meet modern requirements, I hope that consideration will sometime be given to the provision of an operating-room with adjoining accommodation for X-ray plant.

There are on the books at present the names of 345 male and 474 female patients, a total of 819. Of these and including 22 Service patients, 96 of the former and 116 of the latter sex are of the private class—of whom some 45 gentlemen and 70 ladies are accommodated at Herrison. There are nine out-county cases, four of whom belong to Christchurch. Two of each sex are absent "on trial," so that the total number in residence is 815.

Of the patients discharged, 11 of each sex had recovered and it is satisfactory to be able to record that, in practically all these cases, the salutary practice of previously allowing them to go out on trial had been adopted. In only one case, however, was a monetary grant made, but I understand that in future this further most helpful measure is likely to be more frequently practised.

Upon the estimated accommodation of the hospital there are 112 vacancies on the male, and 50 on the female side. In connection with this perhaps rather small margin on the women's side, it should be borne in mind that several dormitories have been divided into cubicles and a number of single rooms have been diverted for the use of nurses. So that, when the problem of more beds for patients comes up for consideration—and notwithstanding the absence of any detached admission hospital and small villas for convalescing patients, the value of which would be very great—its best solution may possibly prove to be the erection of a detached nurses' home, which besides its comfort would without doubt have an important educative influence in the training of the female nursing staff.

The weekly charges for patients of the various classes remain as recorded last October.

With the exception of one lady who was out for the day, I saw each of the patients residing at Herrison and, to the best of my belief, all those in residence at the main building. Several made representations to me as to their discharge; to nine at their request, I gave private interviews, and into all of these cases I made careful inquiry but formed the opinion that no action is called for. One female patient made a complaint as to the way in which she had been handled by the charge-nurse of her ward; as the result of questions I put to the latter and of other inquiries I made, I feel confident that nothing in the nature of ill-usage happened, but I am doubtful whether the patient was dealt with in as tactful a manner as was desirable. I have recorded some fuller details as to this incident and the names of all the patients referred to in this paragraph in the Patients' Book.

Apart from this instance, I received no complaints whatever as to treatment but, on the contrary, many expressions of contentment and appreciation, among which were the remarks made to me by several patients whose discharge has been sanctioned. The patients were well and suitably clothed, and the good appearance and tidiness of their clothing was particularly noticeable on the female side. It is pleasing to be able to record that the clothing of newly admitted patients is now retained for their use at the hospital and several (other than private patients) were wearing their own outer clothes; the number of patients who take advantage of this privilege will I hope steadily increase. Though there appears to be a good stock of shawls and some capes, I am sure it would conduce to comfort and also, when going for walks beyond the grounds, to a feeling of self-satisfaction were a liberal supply provided of overcoats for the men and long coats for the women.

A good deal of painting and internal decoration has been overtaken, and the wards at Herrison and on the female side of the main building present a most pleasing appearance and are rendered still more bright and attractive by their good supply of plants and objects of interest, including plenty of newspapers and illustrated periodicals. A number of cages on both sides are without birds; besides adding to the homeliness of the wards it might give a pleasant occupation to one or two patients were they entrusted with the breeding of canaries. The number of library books seems in need of increase, and I shall like to see the book-cases kept unlocked, so that books are freely accessible to patients—recognising that, in dealing with mental cases, a certain amount of destruction must always be faced and met. Letter-boxes, one for each ward, are in course of being made; if glazed in front, the collection of letters by officers would be facilitated. With the exception of the new hutment at Herrison which seems in need of rather better furniture, I was particularly glad to notice that amenities and objects of interest are as liberally supplied in wards for the more troublesome patients as in any of the other wards; and I cannot but think that, to no small extent, this accounts for the remarkable absence of noise and excitement among the patients. It would be unfair to contrast the appearance of some of the male wards, many of which were erected as far back as 1863, with those on the female side built in 1891; and I have no doubt that, when the painting and renovation of the former is undertaken, a determined effort will be made to modernize and improve their appearance as much as practicable.

The death rate for 1922, calculated as a percentage of the number in residence, was satisfactorily low, namely 7.3—6.1 on the male and 8.1 on the female side; and the 12 male and 22 female deaths which have occurred during the period under review were all from natural causes, verified by post-mortem examination in the good proportion of 76 per cent. of these 34 cases. The causes of death call for no particular comment, except perhaps the small mortality (1) from tuberculosis which accounted for only three deaths, all females, and from which only two men and four women are known to be suffering; (2) from general paralysis,

the small incidence of which at this hospital is not surprising when the rural nature of the area it serves is remembered; and (3) from epilepsy. The last named disorder was responsible for only one death—a woman, and the annual returns suggest that its incidence is peculiarly small here, indeed but little more than half the average amount at other similar institutions: to be sure whether this is a local peculiarity would necessitate a preliminary elimination of figures relative to private patients; but, should it prove to be so, it would seem to be a matter worthy of further study.

The patients in bed numbered one gentleman and four ladies at Herrison, and at the main building four on the male and 27 on the female side—that is scarcely 5 per cent. of the patients in residence there. Only one newly admitted patient was in bed; three were in bed for the treatment of acute mental symptoms, and eight owing to senile infirmity; these 12 cases were all women. I found many evidences which assure me that the nursing of patients in bed is maintained at a good standard, and I was especially pleased to note how few of these 36 cases were in single-rooms. In mentioning these rooms, I would point out that a considerable number of them are without any aperture for light and ventilation over the door, and sometimes it must be difficult if not impossible to prevent their occupants being in total darkness. The equipment—not a costly matter—of some clinical rooms for the use of medical officers, preferably one for each ward, but especially in connection with the dormitories of the admission and infirmary wards, would I am sure be found of much utility.

Instances of infective diseases have been very few. Apart from those of tuberculosis already mentioned, they have been confined to two cases, one on each side, of enteric fever in November and December and eight recurrent cases of dysentery. I formed the impression that the health of the patients is generally speaking very good indeed, and that much commendable attention is given to measures likely to promote it.

I saw a single-course, but very good dinner, partaken of in the wards to-day; it was very well served and the appointments of the tables left nothing to be desired. I did not, indeed, receive a single grumble as to the dietary—to improve which and to break any tendency to monotony much attention has evidently been given, and the nutritive value of which is doubtless enhanced by the fact that nearly the whole of the meat and all the milk required is obtained from the farm.

In addition to the matrons, both of whom have had general hospital training as well as that in mental nursing, and the head male nurse, the necessary staff now comprises—for duty by day, 44 on the male and 84 on the female side, and six male and seven women nurses for duty by night. About 24 per cent. of the men and 15 per cent. of the women are in possession of the nursing certificate of the Medico-Psychological Association; these percentages are likely to be considerably increased in the near future, as another 26 per cent. and 17 per cent. respectively have succeeded in passing the preliminary examination for the certificate. Much praiseworthy work is therefore evidently being given to the training of the staff.

Out-patient treatment of mental cases at the Dorset County General Hospital continues to be given by the medical staff of the mental hospital. This is a most important movement; it will, I am sanguine, be the means of cutting short many an incipient attack of mental illness and preventing the necessity for institutional treatment, and I look forward to the day when there will be other outposts of the work at other general hospitals in the county.

I have learnt with much regret of the indisposition of the medical superintendent, Dr. Peachell, and trust that the special leave of absence which he has been granted will result in his return entirely restored to health. In his absence, I received all the assistance I required from the deputy superintendent, Dr. Barton White, who has an excellent knowledge of his patients and is in touch with matters Dr. Peachell has had under

consideration, and from the other officers. I also had the advantage of meeting the chairman of the Committee of Visitors, General Gordon-Steward, who was good enough to accompany me during the major part of my visit and with whom I was therefore able to discuss most of the matters referred to in this entry.

Durham Mental Asylum.

October 18th, 1923.

The changes which have taken place amongst the patients since my last visit in May 1922, leave on the books the names of 1,431 patients, 712 males, 719 females, and all these are now in residence, except one man and five women who are absent on trial.

Of this total 104 men and four women are classed as private patients, 101 of the former being "Service" patients, and one of each sex are chargeable to out-county unions.

The maintenance charges have now been reduced to 22s. 9d. per week for home, to 26s. 3d. for out county, and to from 24s. 6d. to 31s. 6d. for private patients.

The total accommodation provides for 718 men and 655 women by day and for 792 men and 745 women by night, so that at the present time there are vacancies for seven men by day and 81 by night, but on the female side there is overcrowding by 58 patients by day, though there are vacancies at night for 32. I would suggest that inquiry should be made in order to ascertain whether, by re-allocation of accommodation the variation between the day and night accommodation, could not to a great extent be done away with.

During yesterday and the day before, I visited all the wards, and other parts of the Institution, and to the best of my belief I saw all the patients, and gave to all who wished it the opportunity of speaking to me. The wards and their annexes were well kept and again I was particularly struck by the way in which the airing courts and other parts of the grounds are kept, and with their neat and tidy appearance. Some of the wards are in need of redecoration, but I understand this has been postponed while other more important work is being undertaken.

The patients were very quiet and orderly in their behaviour and I received no complaints as to their treatment in the Institution. They appeared to be in good general health, and as a rule to be contented with their surroundings, though of course many asked to be discharged. I was glad to see that attempts are being made to improve the cut and style of all new garments issued, so as to do away as far as possible with the old institution type of clothing, and I hope that attention will also be given to improvement in their boots, especially on the female side. Overcoats have been increased in number to a small extent, but I found that even now there are only 127 overcoats and waterproofs for the 712 male patients. I consider this number to be deplorably low, and I hope the Committee will immediately order a further supply, so that there shall be sufficient to supply all patients who can be induced to wear them in the cold weather.

The diet has been much improved and no one complained of its insufficiency, while a number expressed their appreciation of the new order of things. Porridge is given for breakfast on two mornings a week and some other dish, such as breakfast sausage on every other day, and for tea some addition, such as cake and jam, is given every day. In this connection I was glad to hear that diet sheets will in future be issued to every ward.

The classification appeared to be a careful one, but I would again urge that only recent cases should be retained in the admission wards, and that these wards should not also be used as additional infirmaries or for other cases needing observation.

I was again struck by the smallness of the numbers of female patients employed in the needleroom and laundry, and I hope still further efforts

will be made to increase female employment both in these and other directions.

A large number of patients, 182 men and 104 women, are allowed parole within the asylum grounds, and 12 women beyond the estate, and I suggested to Dr. Cribb that he should endeavour to allocate one or two wards, which could be treated as "open door" wards, for such cases.

The general bath room on the female side is only provided with a few screens to separate the baths, but I hope a better arrangement, such as screening by curtains, may be provided to give the patients greater privacy, while still allowing for adequate supervision by members of the staff, I should also like to see letter boxes provided for the wards, the keys of which should be in charge of a head officer, so that patients can be satisfied that their letters cannot be read by the nurses in charge of their wards.

Since my last visit there have only been three cases of dysentery, all on the male side, and no patient has been attacked by enteric fever. There have been a few cases of influenza on both sides, but with only one fatal result.

To-day 25 men and 19 women are known to be suffering from tuberculosis and, as far as possible, all of them are being treated in the excellent villas set apart for their use.

I was glad to hear that all foul clothing, whether known to be infective or not, is now boiled in a large tank in the laundry, before being washed. This should do much to prevent the spreading of any unknown infection. The chief causes of the 139 deaths have been tuberculosis in 36 instances and general paralysis in 23.

The Coroner has held inquiries into the causes of eight of the deaths, the circumstances of which were reported to my Board at the time. I made particular inquiries into the circumstances of one, where a patient died from general paralysis accelerated by scalds, and will make a full report to my Board on the matter.

I was glad to hear that the Committee have decided to put in hand at once new central heating at the main building, though I am afraid this cannot be completed before the winter.

The staff now consists of 116 men and 91 women for day and of 14 men and 10 women for night duty. The male staff are working a 48-hour week and the female 65½ hours per week, including meal times.

It is very satisfactory to know that the Committee have now appointed a dentist, who attends every 14 days and who will, I hope, examine the mouths of all new admissions, as well as attend to other patients to whom his attention is drawn by the medical staff.

Dr. Cribb has still only three assistant medical officers—Dr. May, Dr. Mills and Dr. Race.

Essex and Colchester Mental Hospitals.—1. Brentwood.

October 16th, 1923.

Our visit has been both pleasing and encouraging. We found the patients, with but few exceptions, contented, evidently well supervised and with due attention paid to their comfort, amusements and diet. The complaints were but few and only referred to requests for discharge, which were in our opinion not well founded, but Dr. Robinson directed our attention especially to the case of a male patient and with his approval, we think that this man might either be given a trial or be discharged to the workhouse.

There have been and still are, as is well realised, wants and defects in some of the older parts of the building, but much has already been done to remedy them. Plans are now before our Board which will tend still further, if the work is carried out, to improve the conditions and add to the amenities and usefulness of the institution—amongst these contemplated improvements we may mention the erection of an operating theatre, a laboratory and a house for the medical superintendent. The wards were

throughout in capital order, the women's dresses showed much improvement in style and variety in colour, patients are allowed to wear their own clothes and on both sides the supply of garments, for in and out door use, is ample.

The question of diet has received careful consideration and we are glad to learn that there is now a system of co-operation in this and other matters between this institution and Severalls, and an ample and varied diet scale has been arranged, which is in use in both of these hospitals.

The matters referred to in the last report as being then in contemplation, have either been carried out or are nearing completion and we would especially desire to mention that an occupation centre for women under the direction at present of Miss Neville is in operation, where weaving, mat making and other industries are being taught, and it is hoped that, at no distant date, industries of a suitable nature will be established on the male side.

The system of open door and club wards is largely adopted in this hospital—the club wards are most attractive and had a real resemblance in their appearance, when we visited them, to what wards bearing these names should be. Parole, including parole outside the hospital boundaries (to a small extent for women but more extensively for men) is encouraged as much as possible. We understand too, that, as a part of the interworking and co-operation with Severalls, arrangements have now been made, so as to meet as far as possible the wishes of patients' friends in regard to the admission of patients into these institutions.

Dr. Robinson (who is assisted by four permanent and one temporary medical officer) and the Committee, take a lively interest in the welfare and treatment of the patients and we fully appreciate the spirit in which this hospital is administered.

Since July 21st, 1922, there have been 630 admissions, 378 have been discharged or removed—the actual number of discharges apart from removals was, males 93, women 178, and of these 11 males and 28 women have been re-admitted. The recoveries number 81, and the deaths 196. As many as 225 patients have been allowed on trial and to 55 money allowances were made. The question of these grants is carefully considered by the medical superintendent and assistance is given in all suitable and needy cases. There are on the books of the hospital the names of 1,694 patients—males 703, females 991, of whom five are classed as criminal patients and 85 are Service patients—the majority of the last named are located in one ward and they, as the other inmates, are in receipt of due attention and care. The out-county patients number 322—of these 31 are chargeable to their various unions, the rest including 23 from West Ham Mental Hospital are received under contract. There are 12 patients on trial, leaving in residence 701 males, 981 females—a total 1,682, all of whom we believe we have seen.

There is overcrowding to the extent of 16 on the male and 33 on the female side, but at the end of this month 40 male patients will be transferred to Severalls.

The maintenance charge per head per week for home and out-county patients (other than contract patients) is 20s. 5d. and for contract patients the charge varies from 24s. 2d. to 26s. 5d.

There is no record of any mechanical restraint.

The staff consists of charge attendants 17, charge nurses 19, ordinary attendants 71, ordinary nurses 86, for day duty, and there are 14 attendants and 30 nurses for night duty.

The Medico-Psychological Certificate is held by 24 attendants and 15 nurses, and 24 of the former and 25 of the latter have passed the preliminary examination.

It seemed to us that particular attention is being paid to the classification of patients, according to their mental and physical state, with very satisfactory results. In the admission wards the separation of the noisy and restless recent cases from those that are quiet is especially pleasing. The general health was good, and amongst the 159 cases in bed there was

a minimum of serious illness, nearly half of them were, in fact, under treatment for mental reasons.

Cases of notified tuberculosis numbered 28 an unusually large percentage of these being "surgical" in character.

There was no case of dysentery under care and only two have occurred since the institution was last visited. Sick patients appear to be receiving all necessary medical and nursing care.

With one exception all the 196 deaths were due to natural causes, the exception being the case of a woman who succumbed, the day after admission, to exhaustion as the result of violent struggling under circumstances fully reported to our Board at the time. Inquests were held on this and one other case. Twenty-four per cent. of all deaths were due to senile decay, 23 per cent. to general paralysis, 13 per cent. to kidney disease, 10 per cent. to heart disease, 9 per cent. to tuberculosis and 7 per cent. to pneumonia. The serious non-fatal casualties included cases of fractured bones, accidentally sustained, a case of injury resulting from an epileptic seizure and a self-inflicted body wound.

Essex and Colchester Mental Hospitals.—2. Severalls, Colchester.

June 13th, 1923.

In the course of our inspection, we have visited all parts of this institution, and without entering into details we can say that we found everything in capital order.

In so large an institution, there are many patients on both sides who, from their mental state and habits, are incapable of any occupation, and there are others who are unwilling to take part in any sort of work, and who cannot be induced to do so. But for those who can be included amongst the capable and willing, occupations and industries especially on the male side, have been a feature of this institution. The shops were in full work yesterday and many were engaged on the farms and gardens. We were interested to find that, for the purpose of increasing the means of occupation amongst the women, an industries "mistress" has now been engaged and we saw, yesterday, some of the female patients under her guidance being instructed in spinning, loom weaving and mat making. It is hoped, in due course, to introduce work of this character generally throughout the women's wards, and we doubt not but it will prove a useful and interesting adjunct to the occupations for the females, which are in many institutions so limited in character.

The medical officers' home has been converted into flats and, as a result, the villa which was used, in part, as a medical officers' residence, is now used in conjunction with the female admission hospital.

It is proposed shortly, to make use of the isolation hospital for the accommodation by day of some restless, troublesome women, which we think should prove useful, and to open D ward on the female side for a limited number of selected patients, who will be allowed parole of the grounds and we hope the experiment will prove successful. On the male side the patients in two wards are allowed parole of this character and in another ward there are open doors. Freedom of this nature certainly tends to relieve the irksomeness of the enforced restraint, and cannot, we think, but help towards the contentment and happiness of the patients. We are satisfied that Dr. Turnbull has the interests and well being of his patients at heart, and that he does what is possible to make their lives as happy as the circumstances and surroundings permit. We are glad to know that the institution band is still a prominent feature in the amusements of the inmates. Arrangements have now been made to afford greater privacy in the women's bath room, the contemplated improvements in the dressing room are in progress and we were pleased with what has been done in regard to the viewing room at the mortuary.

The cricket pavilion has also been completed.

We had some appeals for discharge, but otherwise had no complaints of any kind and so far as we could judge from our own observation the patients and the staff were on very good terms.

The dinners which we saw served were good and consisted of two courses.

Since July 12th, 1922, there have been 310 admissions, and as a result of the changes which have taken place, there are on the statutory books the names of 1,576 patients—males 652, females 924. Nine patients are at present on trial and we believe we have seen all in residence—males 649, females 918, in all 1,567.

Those who have been allowed out on trial number 85, to 17 of whom money allowances were granted. The deaths were 106.

Of those classed as private—in all 150—there are 52 Service patients who, as the others, appeared to be suitably cared for.

There are 229 out-county patients.

There are vacancies for 72 patients, men 48, females 24.

The maintenance rate for home patients is 22s. 2d., for out-county patients from 26s. 6d. to 28s. 6d. and for private patients from 44s. to 73s.

There is no record of mechanical restraint having been used.

The staff consists of charge attendants 11, ordinary attendants 67, charge nurses 16, ordinary nurses 106, for day, and 12 of the former and 22 of the latter for night duty.

The certificate of the Medico-Psychological Association is held by 28 attendants and 29 nurses, whilst 32 attendants and 16 nurses have passed the preliminary examination.

Of the 150 or so patients in bed a small proportion only were suffering from serious illness, all such cases being of unavoidable nature.

The large majority under special observation were cases of debility, senile and other persons suffering from acute mental stress or receiving special care for temporary ailments.

Cases of tuberculosis (pulmonary and surgical) numbered 11 only—one male and 10 females and there was an entire absence of dysentery.

The sick patients were in receipt of all necessary medical attention and the nursing amenities of the sick wards were those of a general hospital. Excluding those who were recognised as sick, all patients appeared to be in good health and their nutritional state all that could be desired. This conclusion is, we understand, supported by the records of periodical weighing and provides evidence of diet sufficiency. The diet scale produced to us shows that close attention has been paid to food requirements—especially in the direction of physiological need and variety. The efforts made towards the avoidance of monotony in breakfasts and teas are especially pleasing.

The mortality rate for 1922, although slightly higher than in the previous year is no more so than may be regarded as normal variation and still remains low; the figures being 8·9 per cent. for males and 7·1 per cent. for females, with a total of 7·9 per cent. Deaths since the last visit numbered 106, nearly 30 per cent. of which were due to senile decay, of the other causes general paralysis accounted for 13 per cent., heart disease for 11 per cent., tuberculosis for about 7½ per cent., and epilepsy for a little over 6 per cent.

The low mortality from tuberculosis is satisfactory comparing as it does very favourably with that of mental hospitals generally.

The two inquests held were upon deaths from natural causes, accelerated in both cases by accidental falls.

Serious but non-fatal casualties numbered 12, all being in the nature of fractures of bones accidentally sustained.

With the exception of a few cases of influenza in February last, the institution has been entirely free from any form of zymotic disease.

Dr. Turnbull has the assistance of four medical officers by whom the records are well kept.

Glamorgan Mental Hospital, Bridgend.

April 14th, 1923.

We have to-day completed the inspection of both branches of this institution which we commenced yesterday.

Since our colleagues' visit five months ago the following changes have occurred among the patient population :—

	Males.	Females.	Total.
Admitted - - - -	103	62	165
Discharged or removed - -	58	47	105
Of whom had recovered - -	24	25	49
Allowed out on trial - -	18	17	35
Died - - - -	53	22	75

Of the 35 patients allowed out on trial only one woman was granted any money allowance; we concur in our colleagues' remarks on this subject, and hope the Committee will make full use of their powers under S. 55 of the Lunacy Act in granting monetary assistance when the patient first returns home.

There are now on the books the names of 1,761 patients in the proportion of 984 males to 777 females; three of each sex are out on trial, leaving in residence at Angelton 537 men and 268 women, and at Parc Gwyllt 444 men and 506 women, a total of 1,755 patients in all; to the best of our belief we have seen them all, and given everyone an opportunity of speaking with us and stating any grievances. Apart from appeals for discharge, which were fairly numerous, we received no complaints of ill-usage or unkindness on the part of the staff. It appeared, however, that there was more general happiness and contentment at Angelton than at Parc Gwyllt, where the conditions of their accommodation are not so homelike and comfortable. It is also to be borne in mind that at Parc Gwyllt the more unfavourable and demented cases are located.

The total accommodation having due regard to the day and night space for each patient, is :—

	Males.	Females.	Total.
At Angelton : day - -	431	167	598
night - -	509	262	771
At Parc Gwyllt : day - -	476	578	1,054
night - -	469	573	1,042

On this calculation the accommodation at Angelton is overcrowded by day to the extent of 207 patients and by night of 34. At Parc Gwyllt, where there is one ward on each side vacant, there are vacancies for 104 patients by day and 92 by night.

The average number of patients in residence last year in the whole institution was 979 males and 770 females.

The question of improving the accommodation and classification of the patients is still under the consideration of the Committee and our Board. The last submission by the Committee is of the proposal to erect a new block for the reception of 50 male and 50 female patients at Angelton. We have to-day had the advantage of some conversation with Mr. Mole, the Chairman of the Committee, and have viewed a suggested site. The selection of this is limited owing to the question of drainage. We have suggested that before long a conference on the whole subject should be held between some members of the Committee and our Board.

Seven men and 21 women are classed as private patients, and in addition there are 96 male "Service" patients. These are distributed throughout the wards according to their mental state and behaviour, and are receiving the privileges due to their class.

One hundred and twenty-three patients are out-county ones, 22 men and 99 women being chargeable to Swansea.

The weekly maintenance rate has been reduced for the home patients from 23s. 11d. to 22s. 2d. and for the out-county from 30s. 11d. to 29s. 2d. The charge for those of the private class is from 22s. 2d. to 36s. 2d.

Generally the patients were tidy and clean in their dress and personal appearance, but we should like to see some improvement and variety in the style and cut in the women's dresses, and an improved pattern of boots, especially for the women. We understand that some lighter boots are under order for the women. No slippers for either sex have yet been provided.

There appeared to be a general shortage of stock of patients' clothing in nearly all the wards, and the result of stocktaking must be very unreliable so long as the articles marked for particular wards are not returned to the proper wards from the laundries.

We learnt that at Angelton several patients undress in the evenings in the dayrooms downstairs and have to walk up the stone staircases and corridors to their beds clad in their undergarments, stockings and in a few instances, nightdresses. There are not sufficient night garments for all patients. We suggest that the patients should be allowed to undress by their bedsides.

There are general bath rooms at Parc Gwyllt, and we suggest the provision of some screens in the dressing room on the female side to secure privacy, and of some dressing gowns.

The fabric of the institution generally is well kept up, and a good deal of painting and redecoration has been done, externally at Angelton and internally at both institutions. The kitchen at Parc Gwyllt requires cleaning up, and the whole female side there is duller and less clean than the male. There is still a shortage of plants and flowers at Parc Gwyllt, and also of bound picture papers. The recommendation of our colleagues as to the provision of a hand basin near the kitchen lavatories has been attended to at Angelton, but nothing has yet been done at Parc Gwyllt.

We think that the large open boiling coppers in the laundry should be protected by wire covers.

We were glad to see that letter boxes are provided in each ward, of which only officers have keys and collect the letters.

In some of the store cupboards we found beeswax and turpentine kept; this inflammable mixture should be kept elsewhere.

Except for six cases of dysentery, four on the female and two on the male side, the institution has been free from epidemic disease, but to-day 11 males and seven females are known to be suffering from tuberculosis. Tubercular cases are, as a rule, treated in the infirmary wards at Parc Gwyllt and are as far as possible kept apart from others, and we think it would also be a good thing if their drinking and other vessels were kept for their sole use.

Dysentery cases are also nursed in the infirmary wards in side rooms. Care appears to be taken to isolate them from others and to prevent risk of infection through the foul linen, but we think much more might be done, on the lines already suggested by our Board, to improve the method of dealing with the foul linen from all patients as any one of them might become a source of infection at any time.

We would again urge that in all cases of diarrhoea the question of the case being one of dysentery should be excluded by bacteriological investigation.

General paralysis has been the cause of death amongst the male patients in no less than 20 instances, or nearly 40 per cent. of the deaths, the other chief causes being tuberculosis in 13 instances and heart disease in 11.

The death rate for males, owing to general paralysis, was in 1922, 13.9 per cent., while that for females was 9.3 per cent., making a total of 11.9 per cent. for both sexes. This rate is somewhat higher than the mean rate for all mental hospitals, and we shall hope to see a fall in the figures for this year.

One inquest has been held but no points of interest were raised. No mechanical restraint has been used; seclusion has been employed in the case of 18 men and 20 women on 78 and 101 occasions respectively for a total of 1,138 hours.

From the miscellaneous returns for last year furnished to our Board the weekly average number of male patients usefully employed is up to the average of asylums generally, while that of the women is still low.

The nursing staff consist of :—

	Males.	Females.	Total.
Charge - - - - -	14	12	26
Ordinary - - - - -	118	91	209
Night - - - - -	14	15	29

Seven female nurses are employed looking after some senile male patients in the isolation hospital at Angelton.

Forty-one per cent. of the male attendants and 26 per cent. of the nurses are in possession of the final certificate of the Medico-Psychological Association, whilst 10 per cent. of each sex have passed the preliminary examination.

Dr. Finlay has the assistance of five medical colleagues, Dr. J. McGregor being the deputy superintendent, whilst Dr. W. J. Butler is in charge of Parc Gwylt.

Gloucester Mental Hospitals.

April 11th, 1923.

We have during yesterday and to-day paid the annual visit on behalf of our Board to these two institutions at Wotton and Barnwood. Since our colleagues' visit ten months ago the following changes have taken place among the patients :—

	Males.	Females.	Total.
Admitted - - - - -	82	130	212
Discharged or removed - - - - -	34	50	84
Of whom had recovered - - - - -	20	40	60
Died - - - - -	34	39	73
Allowed out on trial - - - - -	30	50	80

Of the patients allowed out on trial only three were granted money allowances; we regret to find that the wish expressed by our colleagues on their last visit that a much more liberal application of the funds of the Adelaide Charity, as well as of the provisions of S. 55 of the Lunacy Act has not been carried out. The provision of some money allowance to patients on their first return home so often helps to complete recovery by removing anxiety about financial affairs and we again express a hope that this matter will receive the consideration of the Committee.

There are on the statutory books the names of 1,209 patients in the proportion of 466 males to 743 females, 55 of the former sex and 32 of the latter being classed as private patients, and 47 of the 55 men being of the "Service" class. There are 12 out-county patients chargeable to 11 various unions. There were when we commenced our visit 463 males and 736 females in residence, of these, 285 men and 358 women are accommodated in the old buildings at Wotton, and 178 men and 378 women at Barnwood. The accommodation according to the return made to our office is as follows :—

	Males.	Females.	Total.
Wotton - - - - -	245	366	611
Barnwood - - - - -	192	348	540
Total	437	714	1,151

On this calculation there is an excess of 29 patients of each sex. The average number of patients in residence during the year ended 31st December last was 450 men and 700 women. There appeared to us to be considerable overcrowding in the day rooms on the female side at

Barnwood, especially in ward 5, where there were 87 troublesome and noisy women. As there appears to be doubt whether the above figures of accommodation are correct, especially as we found one day room of the above-mentioned ward 5 converted into a dormitory we have asked for a detailed return of the accommodation of each ward with the number of inmates to be supplied to our office.

The weekly maintenance rate for the home patients has been reduced from 21s. 7d. to 19s. 10d. for the out-county patients, from 28s. to 27s. and that for the excess patients of the City of Gloucester is 25s. 4d., and for those of the private class from 27s. to 60s.

Generally we found the patients of both sexes very quiet and contented, an exception being in ward 5 on the female side at Barnwood, due to a great measure we think to the over-crowded state of the day-room. They were clean and tidy in their dress and personal appearance, but we should like to see more modern style and cut introduced in the women's dresses. We understand that a beginning has been made in allowing male patients to wear their own clothing, and we hope this privilege will be extended to the women. We are glad to hear that on transfer from one ward to another patients are allowed to retain their outer clothing and boots.

We have made some suggestions to Dr. Marnan as to how greater privacy may be obtained in the bathing arrangements in the general bath-room on the female side, and also that dressing-gowns should be provided for use there and in the dormitories.

There appeared to be a distinct shortage of overcoats; for instance, at Barnwood, for 170 patients there were only 43 overcoats.

The services of a dentist has not yet been obtained, and we regret to find that tooth brushes have not been provided.

A new dietary has come into force since the 1st of this month; in it the monotony of the tea meal has been amended, and a supper of three ounces of cake provided. Some patients complained of the small allowances of bread and cake at the former meal. We saw yesterday a good dinner of boiled beef with potatoes and greens and bread served in some of the wards at Wotton.

The wards and dormitories throughout are well kept and tidy—the beds and bedding clean and well arranged. The day-rooms are well supplied with plants, flowers, books, and bound periodicals, and presented a comfortable and home-like appearance.

We noticed that in none of the single rooms was there any means of artificial light, and in only in one set at Barnwood were there any means of warming them. In those rooms which are used by the sick or by people who are likely to undress themselves some provision to light and heat them should be provided.

The great majority of the new cases on the female side are admitted to Barnwood and all the males to Wotton. We consider this to be a satisfactory arrangement, though we hope that at any rate all female cases will, in the future, be taken to Barnwood. Though the wards there are not specially adapted for this purpose we believe that with care and consideration the patients could be fairly well classified and, if proper arrangements were instituted for the easy transfer to Wotton of prolonged cases and of such patients as it would be inadvisable for recent cases to mix with, that they could be treated in very comfortable circumstances and under conditions which would tend to help in their mental improvement.

The patients generally appeared to be healthy and well nourished, and but few were in any way seriously ill. Except for diphtheria, of which there have been outbreaks in two male wards, one at Wotton, and the other at Barnwood, and for two isolated cases of enteric fever on the female side, there has been practically no epidemic disease.

Diphtheria, which in all attacked five male attendants and nine patients, has been very prevalent in the neighbourhood, and it was

believed that it was introduced in each case by a member of the staff. One patient is still being treated and there was only one fatal case.

The patients confined to bed from sickness appear to be nursed in the ward in which they happen to be taken ill, and no special wards are set apart as infirmaries. We cannot think this is a proper arrangement, or that the sick cases obtain the skilled nursing which they should have under these conditions and we would strongly press for proper infirmary wards, under a skilled nurse, and arranged, as far as possible on the lines of a ward in a general hospital. We hope the Committee will consider this at an early date.

We noticed that there are no records of aperient medicines given to patients, though we understand they are always given under medical order. It is a very simple matter for the medical officer to sign an order in each case, and we hope this method will be instituted without delay.

Eight patients are now known to be suffering from tuberculosis, but we were glad to see that the notification and the deaths of cases of this disease compare very favourably with those of similar institutions; the mean rate of notification for all mental hospitals per 1,000 population being 17·1, and the mean deaths being 11·8 as against 4·3 and 1·7 for this hospital.

The chief causes of the deaths have been heart disease in 17 instances, senile decay in 16, and general paralysis in 11 (nine males and two females), but the cause has only been verified by post-mortem examinations in 24 of the 73 deaths.

No inquests have been held and it is satisfactory to record that there have been no serious casualties.

On visiting the mortuary and adjoining rooms we regret to find that nothing has been done to carry out our colleagues' suggestions, as to how improvements could be effected in the arrangements for relatives viewing the body of a deceased patient. We have again spoken to Dr. Marnan on this subject.

From the annual returns furnished to our Board we find that the attendances at the Church of England services on Sundays, and at the weekly entertainments, are satisfactory, but that the percentage of patients usefully employed is still below that in asylums generally.

There has been no record of the use of mechanical restraint; seclusion has been employed in case of 10 women on 200 occasions for a total of 980 hours.

The present nursing staff consists of :—

					Male.	Female.	Total.
Charge	-	-	-	-	13	15	28
Second Charge	-	-	-	-	12	17	29
Ordinary	-	-	-	-	49	44	93
Night	-	-	-	-	7	7	14

Their hours of duty are 65 a week, with two days and two and a half days off on alternate weeks. Three weeks annual leave is given to those over three years' service, and two weeks to those with less than three years.

Only one of each sex are at present in possession of the nursing certificate of the Medico-Psychological Association. The instructional classes to the staff have not yet been recommenced; we hope that they will be without further delay.

Dr. Marnan has the assistance of four medical colleagues, one of whom is on a temporary footing at present. Dr. T. C. Smith is in charge at Barnwood.

We regret to hear of the death last week of Dr. Kough. He had been in the service of this institution for 22 years, and was lately the senior assistant medical officer at Wotton. He retired on a pension on the 1st of last month after having been on sick leave for some months,

Hants Mental Hospitals.—1. Knowle, Fareham.

March 24th, 1923.

During the nine months that have elapsed since our colleagues' visit to this institution a great deal has been done towards effecting improvement in the accommodation for the patients, in providing interests and amusements for them, and encouraging suitable employment.

We desire to express our warm appreciation of the spirit of progress that exists, and the determination to bring an old building that was opened as long ago as 1852 up to the standard of modern mental hospitals. The redecorating and painting of the corridors and wards has been carried out in suitable colours, and much is still in progress. One ward on each side has been very comfortably furnished as a convalescent ward, and there each patient has a separate compartment in the clothes' room to keep their clothes; brushes and combs are supplied to each, as well as tooth brushes. In overtaking the renovation of the wards where the less favourable type of patients are, we hope that endeavours will be made to approach the standard which obtains in these convalescent wards, which is sure to have an influence for good on that class of patient.

Much attention has been given towards providing amusements for the patients. A cinematograph apparatus is in process of being installed. An amusements committee composed of staff and patients has been formed, and are responsible for providing various forms of entertainments. Facilities for three games of Badminton have been provided in the hall, and several of the patients and staff play daily. Last evening we witnessed the commencement of a staff tournament there, at which several patients of both sexes were spectators. In the summer it is proposed to hold games and entertainments on the cricket field.

A room has been very suitably fitted up as a dental surgery and operating room, the only drawback to it being the lack of natural lighting. We suggest the provision of a high pressure steriliser for this department.

Among other improvements are the provision of anthracite stoves in the wards of the blocks, the fitting up of a separate dining room for the charge female nurses. An internal combustion fire engine has been purchased to replace the steam fire engine, which took some half hour to get steam up and be ready for use.

The following changes have taken place among the patients since the last visit :—

	Males.	Females.	Total.
Admitted - - - - -	129	120	249
Discharged or removed - - - - -	76	66	142
Of whom had recovered - - - - -	10	33	43
Allowed out on trial - - - - -	9	36	45
Died - - - - -	39	54	93

The above changes leave on the books the names of 1,078 patients in the proportion of 490 males to 588 females, all of whom with the exception of three women now out on trial, are in residence, and to the best of our belief have been seen by us and given an opportunity of stating any complaint or grievance. With the exception of some appeals for release we received no complaints on the ground of ill-treatment or unkindness, and generally the patients of both sexes were quiet and orderly in their behaviour and content with their treatment and surroundings.

There are 48 male patients of the private class, 45 of them being "Service" patients. These are receiving the privileges due to their class. They were visited by Dr. E. L. Forward, headquarters inspector of the Ministry of Pensions, who made a favourable report to his Ministry on the conditions in which he found them.

There are seven out-county patients chargeable to as many unions.

The maintenance charge has been reduced from 30s. 4d. to 23s. 4d. per week for the home patients. That for the out-county and private

patients other than those of the "Service" class is 27s. 5d., and for the "Service" patients, 27s. 1d.

The total accommodation in the asylum is for 516 male and 604 female patients; it is therefore practically full, there being but six vacancies on the male side and 36 on the female. For the year ended 31st December last the average number of patients resident was 1,054—474 males and 580 females.

The dietary has been improved, and additions made to the breakfast and tea meals. We were glad to hear that all the farm patients have something of a meat ration daily for breakfast.

Of total patients in residence, we found 83 males and 120 females in bed. Twelve of the former and eight of the latter (including two cases of tuberculosis) were mostly young more or less crippled idiots, of whom there are a considerable number here, and who are warded separately from the others. Omitting these 20 cases and their wards, the proportion of patients in bed is 16 per cent. of the men and 19 per cent. of the women. These figures are much higher than is customary in most similar institutions, and we learn that, while the number in bed here has always been considerable, the proportion was artificially augmented by the transfer to other care of some 400 patients from whom, in order to avoid risk or suffering to them, were excluded decrepit cases. Of those in bed, about 20 of each sex are there by reason of their mental condition, besides seven men and 14 women either for that reason or because they were more or less recently admitted. Of the women, five are cases of pneumonia, as to the further incidence of which no doubt a careful watch will be kept. There are seven male and eight female tubercular patients in bed, of whom four are of the so-called "surgical" variety; for these cases and any other tubercular cases not in bed, the verandah on each side is largely used, and it seemed to us that, when feasible, further verandah provision will meet a want that is much felt here.

Senile enfeeblement is the reason that about 17 of the men and 24 of the women are in the bed. While not a few of these cases are of faulty habits, in many of them acute mental symptoms seem to have abated; for such of them as can safely bear a journey, and for any other cases of senile dementia up and about, a Poor Law Institution nearer their own homes we suggest would be the more appropriate accommodation.

Not one of the 203 patients in bed is the subject of a bed sore, nor was one present at death in any of the 93 deaths—a statement which is highly creditable to the standard of medical attention and nursing which we are convinced is very good. While we can say this with confidence, we cannot but lament that existing arrangements appear to preclude full use being made of the very good clinical laboratory that is here; from the detailed enquiries we made as to what is required for many of the patients in bed, and for the routine full examination of new admissions, we are sure that much laboratory work of a nature that could quite well be undertaken here would be a powerful aid towards treatment.

A minor provision we should like to suggest, but one which would probably add to the comfort of some of those in bed, is a more liberal supply of bed tables.

The death rate for 1922, calculated upon the average patients resident, was 13·3 per cent. (12·4 on the male and 14·1 on the female side). All the 39 male and 54 female deaths were from natural causes—verified by post-mortem examination in the somewhat low proportion of 54 per cent. of the male cases, but in only 22 per cent. of the female deaths. We hope that every reasonable endeavour will be made to increase these proportions, especially the latter, as well for their protective influence as their scientific interest.

Tuberculosis accounted for six of the male and seven of the female deaths, and the number of known cases of that disease at present are seven male and nine female patients, and one male nurse. Enteric fever to the extent of seven cases on the female side occurred between last June and February this year; a "carrier" has been ascertained, and,

though her mental condition makes the matter one of difficulty, she is carefully segregated. A few cases, five males and six females, of dysentery developed last summer; the absence of any more since last August, Dr. Jackson is inclined to attribute to changes in the dietary.

There has been no use of mechanical restraint. Seclusion has been resorted to in the case of 49 female patients on 218 occasions for a total duration of 1,535 hours.

Besides the matron (Miss Thomson) her assistant, and the head male nurse, the nursing staff comprises 10 male and nine female charges, 69 nurses on the female side and 60 male nurses; and, for night duty 13 on the male and 12 on the female side. Formerly the hospital granted a certificate of its own; partly for this reason the number in possession of the certificate of the Medico-Psychological Association is very low; but teaching and training are now being energetically resumed.

Dr. Jackson has to assist him as medical colleagues, Dr. A. Wilson, for whom as deputy superintendent a detached house is provided, Dr. J. W. McHenry and another, who is on a temporary footing.

In concluding our entry, we should like to express our sympathy with the severe loss which the committee of visitors and the hospital have sustained in the death of Colonel F. Stubington, who for many years was chairman of the committee, and whose work for the welfare of the institution, its patients and its staff was indefatigable.

Hants Mental Hospitals.—2. Park Prewett, near Basingstoke.

March 23rd, 1923.

Since our colleagues' visit to this Institution nine months ago, the number of patients in residence have somewhat increased, and more of the accommodation is in use. All the wards on the female side of the main building, and one detached block, eventually to be used for female epileptics of the more trustworthy type, are in occupation by the female patients. On the male side of the main building, five wards are in use Wards 4, 6 and 7 being empty. It is proposed immediately to open the Admission Hospital, and at first to use it only for female patients; but we hope that this matter may be reconsidered, and part of it opened for male patients as well. We have been over it, and were struck with the tasteful way it had been decorated.

We hope that when the villas for the working and convalescent patients are brought into use, for the sake of the homelike effect suitable names will be given to them, rather than that they should be known by numerals or letters. We are inclined to doubt whether the amount of iron fencing that has been put round some of the detached buildings is really necessary.

During the past nine months the following changes have occurred among the patients :—

	Males.	Females.	Total.
Admitted - - - - -	50	97	147
Discharged or removed - -	7	29	36
Of whom had recovered - -	5	12	17
Died - - - - -	17	24	41

Only one man and three women have been allowed out on trial. We hope the Committee will make liberal use of their powers under section 55 of the Lunacy Act, 1890, in this respect.

There are now on the statutory books the names of 735 patients, in the proportion of 287 males to 448 females. Of these, 29 and nine respectively are classed as private patients, 27 of the men being of the "Service" class. There are four out-county patients.

The weekly maintenance charge for the home patients has been reduced from 30s. 4d. per head to 23s. 4d., for out-county patients from 34s. 5d. to 27s. 5d.; that for the private patients remains at 35s. When the private patients' wards come into use, the charge will be from 3 guineas for accommodation there.

The total accommodation is for 700 of each sex, so at present there are vacancies for 413 male and for 252 female patients. A reception contract has been entered into for the admission of 100 of each sex of Middlesex patients at once.

All the patients, whose names are on the books, are now in residence, and to the best of our belief we have seen them all, and given them an opportunity of speaking with us and stating any grievances. Apart from a certain number of appeals for release, we received no complaints of lack of kindness on the part of the staff.

The patients of both sexes were generally very quiet and orderly in their behaviour.

We understand that the patients do not undress in the dormitories by their bedsides, and we think it would be greatly appreciated if the majority of them could be allowed to do so.

We record with satisfaction that in the two large wards, where the working patients of both sexes are accommodated, they are allowed to sit up on four nights of the week to 9.30 in the evening.

The wards are well kept and bright, and their decoration, though plain and simple, is tasteful and their general appearance pleasing. It is natural in a new institution that they are still rather bare, and lack objects of interest, which time is required to collect; but there is a very fair supply of plants, of which evidently a good deal of care is taken. Bookshelves are in course of provision, and we are glad to see that they are of open pattern so that the books, of which the supply seems at present quite inadequate, will be readily accessible to the patients. There appeared to be a sufficient supply of newspapers and games, but we should like to see many more magazines—these can sometimes be obtained from clubs, either gratis or at a nominal charge. The pictures that have been hung look nice, and care has been taken in their choice; doubtless, additions to their number will gradually be made. We should like to see canary-breeding commenced, and a few distributed to each ward. We also suggest the desirability of providing a glazed letter-box in each ward, from which letters should be collected by an officer.

A good deal has been done towards protecting pipes and other projections, but there are still places which are open to risks in the single rooms.

A cinematograph apparatus has been recently installed at the back of the stage in the Recreation Hall, from which the pictures are projected on to a screen.

A dental room has been fitted up, and we saw yesterday the dentist at work there. He attends on one morning in each week. It was satisfactory to see a good number of tooth brushes in each ward, and we suggest the provision of as many mugs as there are lavatory basins in each sanitary annexe for the use of patients when cleaning their teeth. A good dental chair and suitable equipment has been provided for the dentist, but as yet there is no supply of ordinary surgical instruments. We think that a few of the more essential of such instruments should be obtained. We notice that there is the absence of an operating room, and it may be found possible to adapt a room for that purpose.

In the kitchen we found the staff composed of a kitchen mistress, four maids and three pupils. Ten female patients are also employed there. We hope that some time it may be possible to add a fish fryer in this department.

We recommend the provision of a fitted hand-basin adjacent to the water closets used by the male patients working in the butcher's and other stores' shops.

This provision for the female patients working in the kitchen is excellent, but we would suggest the provision of some nail brushes here and throughout the sanitary annexes generally. We were glad to see that hand towels were freely distributed.

In the laundry, where we found two men and 26 women employed, the machinery generally is well protected, but we suggest that the rollers

of the box mangle should be covered in. We also think that the steeping tank in the foul laundry should be fitted with a pipe for live steam.

In the needle-room we found 26 women employed. We noticed that there were no stocking-making machines. We suggest the provision of one or two of these.

The dinner yesterday consisted of hot-pot, with carrots and parsnips as vegetables, and bread. We saw the dinner being cooked in the bake-house oven. A new draw plate oven is being fitted up in the kitchen.

The dining tables in the wards, where the dinners are taken, were very well set out, and we were glad to see glass tumblers everywhere.

Additions have been made to the breakfast and tea meals, and we had no complaints as to the dietary.

All the 17 male and 24 female deaths were from natural causes. More than a quarter of them were due to senile decay; and general paralysis, while it was the cause of death in only two women, accounted for 40 per cent. of the male deaths. Two men and four women died from tuberculosis.

Post-mortem examinations were held in only 27 per cent. of these 41 deaths, a proportion we hope it will be found possible greatly to augment—as well for their protective influence, which is great, as for their scientific interest.

The death rate for 1922, calculated as a percentage upon the average number resident, namely, 255 males and 398 females, was 7·3 per cent.—9·4 on the male and 6·0 on the female side. These figures, coupled with the facts that—apart from the incidence of tuberculosis, which has been limited to the above-mentioned six deaths, and three cases at present on the female side—there has been an entire absence of infective disease, and that of those now in bed very few were seriously ill, are satisfactory and support our belief that the general health of the patients is very good.

There were 16 male and 74 female patients in bed; that is, 5·5 and 16 per cent. respectively of the total in residence. The proportion of women in bed is usually greater than that on the male side, but this preponderance is more marked than we generally find. Three of the men and nine of the women were more or less recent admissions; one-third of the women in bed were there for the treatment of active mental symptoms, and one man and eight women owing to their condition of epilepsy. About four male and nine female patients were confined to bed owing to senile infirmity, and we could not help thinking that some of these and other aged cases we saw up and about, now that their acute mental symptoms have abated, could be more suitably accommodated in a Poor Law Institution, where, too, they would be nearer their friends. Four of the men and 28 of the women in bed were in single rooms; we hope that no opportunity will be lost to utilise the verandahs for open-air treatment. We were glad to ascertain that some bed-tables are in course of being made—a good supply of which, we are sure, will be appreciated by patients confined to bed.

The full enquiries we made concerning each patient in bed left us satisfied that much medical attention and good nursing is given to them. We feel, however, that, to take full advantage of the excellent arrangements that exist here, it is very desirable to equip and bring into routine use as a clinical laboratory the rooms provided here for that purpose.

Adverting again to the Admission Hospital, we are surprised to find that the baths fixed in the rooms for the administration of “continuous baths” are of ordinary pattern instead of the special type we expected to find, without which this valuable remedy will be very difficult to apply.

Besides the Matron, Miss Hobbs, and the Head Male Nurse, and other officers, the nursing staff comprises six and 11 charge nurses on either side, respectively; 33 male nurses and 38 female nurses for ordinary day duty, and four male and seven female nurses for night duty.

Commendable efforts for their training are in progress, towards which the fact that some of the officers have had general hospital training, as well as that in mental nursing, will be helpful.

The Committee and Dr. Bowes can be congratulated on the progress that has been made. The latter has as medical colleagues Dr. Dykes as Deputy Superintendent, and two others, both of whom are on a temporary footing.

Before leaving to-day, we have had the advantage of meeting the Chairman of the Committee, His Grace the Duke of Wellington, and of having some conversation with him about some of the foregoing matters.

Hereford County and City Mental Hospital.

April 20th, 1923.

In the year that has elapsed since the last visit of a Commissioner to this institution, there have been the following changes among the patients :—

	M.	F.	T.
Admissions - - - - -	36	29	65
Discharges or removals - - -	13	21	34
„ upon recovery - - -	3	12	15
Deaths - - - - -	20	15	35

There were to-day on the books the names of 468 patients, 201 being of the male and 267 of the female sex ; two men were out on trial. Thirteen of the patients were of the private class, and, in addition, there are 16 “Service” patients, who appeared to be very suitably cared for.

There is a good deal of vacant accommodation, amounting to 32 beds on the male and 35 on the female side. M. 3 Ward was to-day unoccupied by patients, being in the hands of the painters for redecoration, the lavatory block being also reconstructed and improved. A good deal of minor improvement work has been carried out, among which I may mention the provision of boot rooms at M. Wards 3 and 4 and F. Wards 3 and 4 ; 20 of the attendants’ cottages have been painted internally.

In January of the present year the Minister of Health gave his sanction to the purchase of the Tow Tree property adjoining the institution, and comprising a public house, outbuildings and 5½ acres of land, at the agreed price of £1,800. The draft contract is still in the hands of the Clerk to the County Council, but I am informed that the 10 per cent. deposit on the purchase money has been paid.

The wards and dormitories are well kept, especially on the female side. Though there was a good deal of literature about, I thought that a considerable number of the books were somewhat ancient and uninteresting, nor did I observe any daily papers in the wards at the time of my visit.

The patients were generally quiet and orderly, and their personal appearance was creditable. On both sides there was a few very noisy and excitable patients who were kept in bed in the single room. I was glad to learn that these patients are, as far as possible, taken out of doors both in the morning and in the afternoon. M.W. 6 is still nursed by female nurses, with very satisfactory results.

Though many patients appealed for discharge, there were no serious complaints of treatment.

The dinner to-day which I saw served in several of the wards on both sides consisted of boiled beef, with potatoes, cauliflowers and bread. Greater variety is given at breakfast by the daily addition of either bacon, sausage or brawn, and at tea by dripping or jam and cake of various kinds once a week. No patient complained to me on the subject of the dietary.

The weekly cost of maintenance has been recently reduced to 19s. 10d. Out-county patients, of whom there are none at present, and private patients being charged for at the rate of 26s. per head per week.

The general health of the institution to-day was good. Among the 23 men and 52 women confined to bed there was a large proportion of feeble senile cases ; a good many also were there for treatment of their mental disorders, and few were suffering from serious illness. No dysentery is present in the institution to-day, nor has there been any case since the

last visit; five men were suffering from tuberculosis in active form; one man was in bed recovering from an attack of enteric fever, the origin of which has not been ascertained; and one man was at the isolation hospital with measles. Owing to this case the use of the Isolation Hospital by convalescing female patients has been temporarily given up.

The 35 deaths (20 M. and 15 F.) that have occurred since the last visit were in every instance due to natural causes; seven were due to tuberculosis, two to influenza—of which disease there was a mild outbreak, chiefly on the male side, in the early part of the present year—and seven to kidney disease. In 26 of the deaths—or in over 74 per cent.—post-mortem examinations were held.

The mortality rate per cent. for the year ended December 31st, 1922, was 9·2 (13·6 male and 5·9 female).

Serious but non-fatal casualties were limited to four cases of fractured bones, all of them accidentally sustained.

From the miscellaneous annual returns made to my Board the figures relating to the employment of patients appear somewhat below the average, being only 55 per cent. on each side. Dr. Smith is fully alive to the therapeutic value of occupation, but tells me he finds difficulty in getting the patients of the male sex, who are mainly drawn from rural districts, to take up work in the shops.

Twenty-six male and six female patients have their parole of the grounds, but no one is at present well enough to have parole outside.

Seclusion has been employed in as many as 35 cases, on 395 occasions, for a total of 3,122 hours.

The staff of attendants and nurses consists of the following:—

						M.	F.	T.
Charges	-	-	-	-	-	4	8	12
Ordinary	-	-	-	-	-	24	31	55
Night	-	-	-	-	-	4	8	12

Eight female nurses are employed on the male side; of the attendants and nurses, 13 have the preliminary and seven the final nursing certificate of the Medico-Psychological Association; 2s. weekly pecuniary allowance is made in respect of their certificates.

The staff continue to work on the basis of 56½ hour-week, with two days' weekly leave and three weeks' annual leave.

Dr. Grimmond Smith has the assistance of two permanent medical colleagues.

Herts Mental Hospital, St. Albans.

April 11th, 1923.

Yesterday, when I made my inspection of the premises, I found 857 patients in residence—340 being of the male and 517 of the female sex. Two patients were on leave—one man and one woman—so that the numbers as shown by the books were increased to this extent. These figures are the result of changes which have occurred during the 13½ months that have elapsed since the institution was last visited by a member of my Board: 183 patients having been admitted, 85 discharged, and 56 having died.

It is interesting to note that 55 of the 85 discharges—i.e., about 65 per cent. of them—were granted their freedom on recovery, and that 52 patients were allowed out on trial. Of patients discharged, 22 were granted money allowances to help them over the difficult period immediately following release.

Of the total on the books, 35 are in the "Service" class, and seven are private patients. Eleven only are out-county cases.

The patients presented an appearance that indicated effective care and kind treatment. To the best of my belief I saw all of them, and gave to each an opportunity of speaking to me, of which many availed themselves. Their behaviour was remarkably quiet and orderly throughout, and I received no complaints as to treatment, diet, or surroundings, except such as were obviously due to mental disease. Of the many who,

as usual, asked for discharge there was none fit for freedom, or for discharge except under strict supervision, which was not available. Some patients were showing signs of recovery, and I satisfied myself that these were under the close observation of the medical staff with a view to release being granted as soon as this became desirable; these patients seemed to be content to remain until such time as they shall be considered fit.

The clothing and bedding of patients generally was quite satisfactory, their day rooms and dormitories being well kept, bright in appearance, and, on the whole, comfortable. Although most of the wards were well warmed, I again considered the temperature of one or two of them too low. It seemed to me that on cold days, such as yesterday, open fires should always supplement the radiators which present insufficient heating surface in the rooms indicated.

The general health of the institution is good, and only a very small proportion of the 122 patients confined to bed were seriously ill. A large number of those in bed were under nursing care for mental reasons, many feeble persons were resting for part of the day, and there was an exceptionally large proportion of cases of senile debility. I was informed that amongst admissions the number of old-age cases has materially increased of late, and that the average age at death during last year was 60, as compared with 52 during the previous 12 months. Five cases of active tuberculosis were under treatment, in verandahs so far as mental state permits; but there were no cases of dysentery or other infectious disease at the time of my visit. The institution, however, has not been free from dysentery, or its allied condition, "severe diarrhoea," during the period under review, and I took the opportunity of discussing the subject with Dr. Boycott, in the hope that some improved measures may be devised that will lead to diminution in incidence.

It is evident that the nursing of the sick is maintained at a high level of efficiency, and it was especially pleasing to note that the ward for old and debilitated men was nursed by women.

Of the 56 deaths that have occurred, the largest numbers were 12 due to heart disease, six to senile decay, five each to tuberculosis and kidney disease, and four each to organic brain disease, dysentery and gastro-enteritis. Of the total deaths, 47—or 84 per cent.—were verified by post-mortem examination. All deaths were due to natural causes. The death-rate for 1922 was low—6·81 per cent. for males, 7·80 per cent. for females, and 7·41 per cent. for both sexes together.

Serious but non-fatal casualties numbered three only, all in the nature of fractures of bones due to accidental falls.

I saw the dinner served in several of the wards, and found it neatly served, of good quality and sufficient in quantity.

The maintenance rate for home cases is 25s. 8d., for out-county cases 30s. 11d., and for private cases 25s. 8d. to 30s. 11d.

The nursing staff now consists of 57 attendants and 91 nurses for day, and 4 attendants and 8 nurses for night duty. Of the attendants, 6, and of the nurses 11, hold charge rank. The members of the staff work in two shifts per day on a basis of a 48-hour week, and, except during the change period, when the proportion is greater, the ratio of staff to patients is 1 to 9·9* patients on the male side and 1 to 12·2 on the female side. Fourteen members of the staff have passed the final examination for the Medico-Psychological Association certificate, and 41 have passed the preliminary.

The statutory registers and case sheets are in excellent order, and the entries in the latter indicate careful medical work.

I have been favourably impressed by the condition in which I found this mental hospital, and by the evidence it affords of the efforts made to produce good results. Dr. Boycott has now the assistance of two efficient medical colleagues.

* This proportion (1 to 9·9) includes the nurses working in male wards.

Kent Mental Hospitals.—1. Barming Heath.

March 13th, 1923.

We have been engaged during yesterday and to-day in the inspection of this large institution, and are very glad to note the spirit of progress that prevails throughout. Under Dr. Wolseley Lewis's able administration it continues to afford excellent accommodation for the treatment of those resident therein.

During the nine months that have elapsed since our colleagues' visit the following changes have occurred among the patients :—

	M.	F.	T.
Admitted - - - - -	134	162	296
Discharged or removed - - - - -	62	84	146
Of whom had recovered - - - - -	40	55	95
Died - - - - -	55	42	97
Allowed out on trial - - - - -	34	56	90
To whom money allowances given	18	3	21

The above changes leave on the books the names of 706 male and 1,000 female patients—a total of 1,706. Four men and six women are away on trial, leaving 1,696 patients in residence. The average number for the year ended on the 31st December last was 1,661, in the proportion of 692 males to 969 females. The total accommodation in the Asylum according to the return made to our Board is for 802 males and 970 females, so on this calculation there are vacancies only on the male side for 95 patients, whereas the female side has an excess of 30. We understand that the question of further accommodation for patients of the county of Kent is under the consideration of the Visiting Committee, and, subject to all other avenues being explored to avoid building at the present time, we think the provision of a nurses' home at this institution should be considered. This would probably give accommodation for about 200 female patients, if the nurses at present sleeping off the wards were accommodated elsewhere.

There are 77 men and two women classed as private patients, all of the former sex, with one exception, being "Service" patients. The "Service" patients are distributed throughout the male wards according to their mental state and conduct, and are receiving the privileges due to their class. They were seen by Dr. E. L. Forward, Headquarter Inspector of the Ministry of Pensions, on the 30th October last, and he made a favourable report to his Ministry of the conditions in which he found these patients.

There are three patients of each sex chargeable to out-county unions.

The weekly maintenance charge for home and out-county patients has been reduced from 29s. 9d. to 21s. per head. That for private patients remains at 35s.

Generally we found the patients everywhere quiet and orderly in their behaviour, and contented with their surroundings. Apart from the usual appeals for discharge, we received no complaints of unkindness or inattention on the part of the staff in charge of them. Their dress and personal appearance were quite satisfactory, and we note with great pleasure that all patients who are capable of appreciating it are allowed to retain their suits, dresses and boots on transfer from one ward to another. In many instances the dresses of the female patients are made for the particular patient, and they are allowed to select the pattern of the garments. All the women have nightdresses, and we hope that it will some day be possible to provide a stock of nightshirts for the men.

We have had some conversation with the Matron as to securing more privacy in the bathing of the female patients in the general bathroom.

Parole is given to some 27 men and 26 women within the Asylum estate, while 34 men are allowed by themselves to go outside the estate.

One ward, No. 8, on the male side is run as an open-door ward, and is staffed entirely by female nurses. One other ward, the male infirmary, also has female nurses along with male attendants.

We were glad to hear that several patients are allowed to sit up till 10 o'clock at night, and that social evening parties are held in the wards at which certain male patients are allowed to be asked on the female side. Such a party was recently held in F. Ward 16 with great success.

The fabric of the institution is generally very well maintained. Those wards which have more recently been done up, and of which there are a considerable number, were looking extremely nice. We notice with pleasure the liberal extent to which objects of interest and amusement exist in all the wards. There is a very good supply of birds in cages, and great pains are taken to maintain the stock. Flowers and plants were well distributed, and we were glad to note the care which had been taken to select good and suitable pictures.

One exception to the above remark must be made as to the children's rooms on the male side. The day room is very bare, and lacking in features of interest, and the arrangements for the boys sleeping in a large dormitory with a number of adults is open to objection. About this we have had some conversation with Dr. Wolseley Lewis. We think that, if it were possible to arrange for the installation of a cinema apparatus in the hall, such an entertainment would prove very popular with the patients.

We noticed the absence of letter boxes in the wards, and suggest that a supply of glazed boxes should be obtained, in which the patients can post their letters, which would be collected by an officer.

Some parts of the kitchen were in a bad decorated condition, and we noticed a good deal of steam in one portion. In connection with the water closet used by the patients working in this department, we suggest the provision of a fitted basin for washing their hands.

We notice that there are still a large number of water closets in various parts of the institution which are without dwarf doors.

The airing courts and gardens are well kept. In the "shrubby court" alluded to by our colleagues in their last entry, the wooden palisade has been removed, and the part of the court used as a coal store has been thrown into the court. The planting of shrubs and the improvement of this court is to be taken in hand.

We saw a good dinner served yesterday in some of the wards on the female side. It consisted of boiled beef, potatoes and bread, followed by tapioca pudding. We had no complaints as to the dietary from any of the patients.

No mechanical restraint has been employed, but 25 men and 33 women have been secluded on 1,417 and 236 occasions respectively for a total of 2,423 hours.

A male patient, who had been in the hospital just over a year, and had not hitherto manifested suicidal propensities, strangled himself in the single room he occupied that night. The circumstances, as to which no one was blameworthy, were reported to our Board at the time, and were the subject of an inquest.

Apart from this case, all the 55 male and 42 female deaths were from natural causes, verified by post-mortem examination, in the excellent proportion of 91 per cent. of these deaths. General paralysis was the cause in 23 per cent. of the male deaths, in contrast with three cases among the female deaths. Tuberculosis was the cause in just under 10 per cent. of the total deaths.

Following upon the high mortality rate in 1918, there has been a very satisfactory decline in the annual death rate; and though the rate (calculated as a percentage upon the average number resident) showed a slight increase upon that for 1921, the percentage for 1922 was only 7.7 (9.4 for males and 6.5 females).

From the above figures, from the appearance of the patients generally, from the observations kept as to their weights, and the small amount of

infective disorders that has occurred, the patients' general health would appear to be very good. There has been no case at all suspicious of dysentery since the end of last September. Two sporadic cases of enteric fever developed in January this year on the female side; both are still under treatment; and another woman, in whom a positive Widal reaction was obtained, is under observation for the disease.

There are 23 cases on the male and 39 on the female side believed to be the subjects of tuberculosis in more or less active form; they are all satisfactorily segregated except one or two, whose mental symptoms make this difficult. With the exception of staining of sputa, the necessary laboratory examinations of such cases as the above continue to be carried out in the County Laboratory at Maidstone, but we hope that sometime it will be practicable to fit up a small clinical laboratory in the hospital itself.

We saw 60 male and 138 female patients in bed—that is, 8 per cent. and 13 per cent. respectively of the patients in residence. Of these cases, 12 men and 20 women were in single rooms; and two men and 14 women were in bed in the open air under verandahs. For the better treatment of their mental condition was the reason that 28 of the male and 38 of the female cases were in bed, some 37 of these cases being newly admitted patients. We were assured that not one of them is the subject of anything like a bed sore, and such was present in only one of the 97 deaths. In other ways, too, we were most favourably impressed with the standard of the nursing arrangements and all that is being done for these patients, and several of the convalescent patients spoke to us in warm terms of appreciation as to the benefits they have received here.

We were glad to find that good use is being made of a set of baths in proximity with the admission wards for the giving of "continuous baths" as an aid to which means to ensure the supply of water at a fixed temperature would be a desirable addition. We hope, too, that it may sometime be found practicable to add to the verandah accommodation here, and also to provide a Medical Officer's clinical room in connection at least with the admission ward.

Casualties of at all a serious nature have comprised 10 cases of fracture, and one of dislocation, in each case accidentally sustained, and not calling for special mention.

Apart from the officers, the nursing staff consists for day duty of 84 (of whom 8 are women nurses) on the male, and 102 on the female side, and for duty by night, 12 on the male and 20 on the female side.

One of the assistant matrons acts as "sister tutor," and most of her time is directed to giving practical training to both male and female nurses. It is highly satisfactory to find that as many as 27 per cent. of the men and 32 per cent. of the women are in possession of the nursing certificate of the Medico-Psychological Association—percentages that would be considerably higher if calculated on the number of those with not less than five years' service. Others—24 per cent. of the men and 20 per cent. of the women—have passed the preliminary examination for this certificate. These figures are highly creditable to all concerned and to the persistent efforts made by Dr. Wolseley Lewis to improve the training and status of mental nurses.

Dr. Wolseley Lewis has to assist him Dr. W. E. Collier as Deputy Superintendent, and three other medical colleagues. Bearing in mind the number of patients here, and that no less than 210 of them are more or less recent cases, this number of medical staff seems to us scarcely sufficient. We hope that it will be found practicable to augment it; and that some time arrangements will be made for the treatment of early mental cases in the out-patient department of a general hospital in the county, and that in this connection the skilled services of the medical staff here will be available.

Kent Mental Hospitals.—2. Chartham.

March 10th, 1923.

We have to-day completed the inspection of this Institution which we commenced yesterday, and can report that it continues to be ably administered by Dr. Collins, and to afford good and comfortable accommodation for those resident therein.

Since our colleague's visit seven months ago, the following changes have taken place among the patient population :—

	M.	F.	T.
Admitted - - - - -	71	67	138
Discharged or removed - - - - -	33	52	85
of whom had recovered - - - - -	16	31	47
Died - - - - -	23	32	55
Allowed out on trial - - - - -	24	32	56
of whom were granted allowances - - - - -	6	5	11

The above changes leave on the books the names of 531 male and 577 female patients, a total of 1,108. Of these, 42 males and 9 females are classed as Private Patients; of the former 35 are of the "Service" Class. There are 5 out-county patients chargeable to as many various Unions. Four men and one woman are now out on trial, leaving 1,103 patients in residence, all of whom to the best of our belief we have seen and given an opportunity of speaking to us, and stating any grievance. We found the patients on both sides very free from any complaints as to their treatment; they were with very few exceptions quiet and orderly in their behaviour and contented and comfortable in their surroundings. Some male patients informed us that they seldom saw members of the Visiting Committee in the wards. This matter was mentioned by our colleague in his entry two years ago, and we would draw the attention of the Committee to the provisions of Section 188 of the Lunacy Act, 1890, which requires visits by at least two members once in every two months. From the entries in the Visitors' Book, only one member appears generally to visit at a time. Some patients also stated that they seldom saw any of the Guardians of their Unions, and this particularly applied to the Unions of the Isle of Sheppey, and Milton.

The patients of both sexes were clean and tidy in their dress and personal appearance, but we should like to see the dress of the male patients made less institutional-like by the substitution of bone buttons for the present white metal ones. We also hope that some time opportunity will be taken to add nightshirts and nightdresses to the stock of clothing supplied to the patients.

The total accommodation in the Asylum is for 538 men and 613 women, a total of 1,151 patients. At present, with 527 male patients and 576 female in residence, the institution is practically full. During last year the daily average number of patients resident was 1,090. We agree with our colleague that the time has come for the Committee to consider the question of further accommodation, and we think that the completion of the two new blocks should be carried out. We have visited the sites of these and looked at the plans, and are of opinion that any remodelling for the purpose of adapting one or both for the reception of new cases presents almost insurmountable difficulties. When these are completed there will still be accommodation required for female cases, and though the removal of the males at present in the Isolation Hospital, and the utilisation of it by females will give some 38 additional female beds, other accommodation for them in the future will be required, and the Committee will have to consider how this can be best provided, either by reception contracts with a neighbouring institution, by boarding out patients under S. 26 of the Lunacy Act, or by discharge to the Poor Law institutions under S. 25 of suitable cases. An alternative also presents itself by the provision of a detached admission hospital for female cases.

The weekly maintenance charges for the home and out-county patients has been reduced from 26s. 10d. to 21s. That for the private cases remains at 35s.

The fabric of the institution is generally well maintained. The day-rooms and galleries were comfortable and generally well provided with plants, games, and books and illustrated magazines. An additional supply of the latter has been procured, but there was still a shortage in one or two wards, as for instance in A.2 on the female side. Letter boxes have now been provided in all the wards, in which patients can post their letters. These boxes are cleared by an officer.

We noticed that the small dormitory of Female Ward A.1, where new admissions are received, looked rather bare, and might be made more attractive.

The ward gardens were in capital order, and for the time of year looked quite attractive.

We visited the mortuary and were very pleased at the good arrangements which are made for visitors viewing the bodies of deceased patients. We suggest that a geyser for providing hot water should be obtained for the post mortem room.

We saw yesterday a very good dinner served in some of the female wards. It consisted of roast beef and pork with potatoes and greens, but the allowance of bread which is provided for in the diet scale was not accessible to the patients.

We received no complaints as to the diet, and some additions have been made to the breakfast and tea meals.

In the absence of any grazing land on the farm all the milk is obtained under contract. We were glad to see that the pork reared on the farm is given to the patients.

In that part of the kitchen where the vegetables are cooked there appeared to be an undue amount of steam which is not carried off by the existing means of abstraction, and something should be tried to remedy this. The water closet in the kitchen yard requires doing up, and we suggest the provision of a fitted basin for handwashing in its close proximity.

We also noticed in the kitchen the absence of any means of frying on a large scale.

Parole is given to as many as 72 of the male sex within the Asylum estate, and to 35 beyond the grounds, and we are glad to know that Ward E on the male side is run as an open-door ward.

The 23 male and 32 female deaths, one of which was the subject of an inquest, were all from natural causes, verified by post-mortem examination in 65 per cent. of the total of 55. An increasing difficulty is found in obtaining consent to these examinations; but we hope that every reasonable effort will be made to cause relatives to see how important a protective influence, apart from their scientific interest, such examinations have. Numerically, the chief causes of death were general paralysis (in six male and five female cases), and tuberculosis (in ten instances).

The death-rate for 1922, calculated as a percentage on the average number resident, was 11.2 (13.5 for male and 9.3 for females). This is a slight increase upon that for 1921, which was 10.5, and does not, we consider, betoken any lowering of the general health of the patients, which we believe to be very good. We are well satisfied that close consideration is given to it in various directions, and that the suggestions which our Board have from time to time made by circulars and otherwise, are in the main in practice here. For some three years there has been an absence of dysentery, which Dr. Collins is inclined to attribute to improvements in the dietary; he also adopted means to prevent the W.C. flushing handles acting as a possible source of infection. Indeed, apart from a negligible number of cases of influenza, the only infective disease has been tuberculosis, which in addition to the deaths above-mentioned is believed to be limited at present to four cases on the male and three on the female side.

We had the opportunity of seeing the dental surgeon at work, and the case he was engaged with well illustrates the value we believe this appointment will prove in promoting general health as well as in the fuller treatment of new admissions. We are glad to find that the removal some two years ago of the window-stops, thus enabling all upper sashes in ground-floor day rooms and dormitories to be fully opened, has been found to work without any serious inconvenience; it cannot but have an influence on good health, and we trust that Dr. Collins' hope to effect something similar on the upper floors, by the use there of protective light wire mesh, will mature.

Only three injuries of at all a serious nature have occurred, and none calls for particular mention.

The number of patients in bed yesterday was 26 on the male and 74 on the female side, that is scarcely 10 per cent. of the patients in residence; of these 100 cases, 26 were being treated in single rooms. Of the men seven, and of the women 23, were in bed for the treatment of their mental symptoms—of whom some ten were more or less recent cases; for cases of this type we hope that facilities will some day be provided of giving "continuous baths," and other means of hydrotherapy. We were somewhat struck with the number of cases requiring to be in bed on account of the infirmity of old age, especially on the female side; and we wondered whether some of them, in whom acute mental symptoms appear to have passed away, could not be more suitably accommodated in the Poor Law Institution nearest their homes. The only instance of bedsore is a patient in whom it was present on admission; and in other directions, too, we were well pleased with the attention being given to the nursing of all those patients and with the detailed knowledge possessed of their cases. We noticed how much the already provided bed-tables appeared to be appreciated by patients in bed, and we should like to see the number considerably increased.

The "Annual Returns" furnished to our Board show an excellent attendance at Divine service, and also that the satisfactorily high proportion of 32 per cent. of the patients are taken for walks beyond the hospital grounds. The interpretation as to which patients are, and which are not, usefully occupied is strictly construed, and also the number of imbecile children here for whom no special means of training are provided, may explain how it is that the figures as to "occupation" are low—48 per cent. of the men and 56 per cent. of the women; but we should like to see a special effort made to get more men employed on the farm, and grounds, and we suggest that, by utilising female instead of male patients in the kitchen, an additional direction would be found for the employment of women. Employment is so closely linked with treatment that we think the Committee might well some time consider the possible advantage, economically as well as towards treatment, of appointing a person trained in giving instruction in occupations, whose special duty would be the inducement of patients, at present unoccupied, to employ themselves.

There has been no mechanical restraint employed, but seclusion has been resorted to in the case of 7 men and 46 women for 33 and 675 occasions respectively, for a total of 1,801 hours.

The present nursing staff consists of:—

	M.	F.	T.
Charge - - - - -	10	11	21
Ordinary - - - - -	53	54	107
Night - - - - -	8	10	18

No female nurses are employed on the male side. Sixteen of the male and 14 of the female members of the staff possess the Nursing Certificate of the Medico-psychological Association, while eight attendants and seven nurses have passed the preliminary examination. The hours of duty of the staff are 60 a week with two days off each week for the men and one and a half days for the women. All have three weeks' annual leave.

Dr. Collins has closely in mind various measures, by which to overcome the difficulties, which this hospital, erected as far back as 1875, presents. He has the assistance of Dr. Topham as Deputy-Superintendent, for whom we are glad to find a detached house is provided, and two other medical colleagues.

We should like in concluding to express the hope that opportunity may sometime be found to create a link between this institution and some general hospital in the county, at which arrangements might be made for the treatment of certain types of mental cases as out-patients.

Lancashire Mental Hospitals.—1. Lancaster.

May 24th, 1923.

In the thirteen months that have elapsed since this Institution was last visited by members of our Board, there have been the following changes among the patients :—

	M.	F.	T.
Admissions - - - - -	248	158	406
Discharges or removals - - - - -	85	112	197
Discharges upon recovery - - - - -	23	53	76
Deaths - - - - -	65	58	123

There were to-day 2,489 patients on the books, 1,138 being of the male and 1,351 of the female sex, all but 8 of them being in residence to-day. There are 213 vacancies on the male and 67 on the female side. One male ward at the Annexe is unoccupied.

We have found the Institution in good order throughout. The patients are evidently comfortable and well cared for; they were remarkably orderly in their conduct and though appeals for discharge were numerous, there were no other complaints of any sort.

Various minor improvements have been effected including a large amount of internal painting and redecoration. Whitewashing was in progress in the kitchen, which is not very well adapted to the needs of an institution of this size, a remark which applies equally to the stores, which are old and obsolete. It is a matter for surprise that they serve their purpose as well as they do.

Work in progress consists of the erection of four blocks of semi-detached cottages for married attendants and the rebuilding of the farm. The laundry is to be enlarged by the removal of the stable and garage to a more convenient site. Plans of this work will in due course be submitted to our Board.

Of matters specially mentioned by our colleagues in their report, arrangements for "continuous" baths have been provided on the female side in one of the general bath rooms; the overcrowding of some of the female wards has been diminished by removing some of the patients elsewhere and a different arrangement of the day space; and clinical rooms have been established in two wards while it is hoped to arrange for more.

Dr. Cassidy showed us plans for a contemplated small Acute Treatment Hospital which will comprise an operating theatre with anæsthetizing and sterilizing rooms, rooms for X-ray and general electrical treatment, and also a room for dental surgery. The hospital will also contain all necessary apparatus for these purposes, including bath rooms. If the scheme should be sanctioned by the Committee and the Lancashire Asylums Board, the plans will be submitted to our Board for approval. There can be no question that such a hospital is much needed and will fulfil a most useful purpose.

The block on the female side which is used as the admission block of the rate-aided women is very unfortunately placed in the centre of the institution and is not well adapted for its purpose. One of the chief needs of the institution is an up-to-date properly equipped female admission hospital.

We cannot regard the arrangements made in Ward 1 of the Annexe for the reception of some 70 low-grade juvenile male patients as at all satisfactory; the inmates range in age from 6 to 26, and comprise many varieties of mental defect. Some of them are of a type that would in all probability improve considerably in a Certified Institution. There is no adequate playground and about the only exercise some of these lads get is a walk in the grounds. Some of them do work on the land, but we paid a second visit to the ward this morning and found between 30 and 40 boys quite unoccupied and just doing nothing in the ward. We doubt whether a ward which includes such a heterogenous collection of male defectives can be left only to female nurses, however willing. In view of the fact that the Lancashire Asylums Board have at hand an institution like Calderstones, in a position to receive this class of case, it is a very serious reflection on the administrative arrangements that questions of finance prevent the transference of these cases to that institution.

We visited the Ladies' Villa, where some 140 ladies of the private class are accommodated in very attractive and comfortable surroundings. We thought that more attention might be paid to the small amenities, which mean so much to patients of this class, in the way of providing them with their own articles of toilet and seeing that they always have them handy when they require them.

The clothing of the patients generally was satisfactory, but we agree with our colleagues that there might be improvement in the cut and style of the women's dresses.

We saw on both days of our visit good and substantial dinners served to the patients in several of the wards and dining-halls. We are glad to know that efforts are being made to vary the monotony of bread and margarine at the breakfasts and teas.

The maintenance rate for home patients is now £1 1s. per week, out-county patients, of whom there are 10 chargeable to out-county unions, pay £1 3s. 4d., and private patients are received at rates varying from 28s. to 42s., with a few cases who pay more for special privileges.

The "Service" patients now number 86, and the majority of them are housed together in one ward in the charge of attendants who have seen military service. We think that the conditions under which these men live are quite satisfactory and that they are receiving the full benefit of the privileges to which they are entitled.

Eleven patients have been mechanically restrained and 25 secluded since the last visit.

Approximately some 250 patients on both sides of the Institution were in bed under special nursing and medical care. A very small proportion only of these were acutely ill, the large majority being cases of senile or other debility, or cases for whom rest in bed is considered necessary for mental reasons. The full use made of the verandahs for the treatment in bed of patients suffering from excitement in the acute stages of mental disease was a satisfactory feature, and the resulting absence of turbulence very marked. Seventeen cases were under treatment for active tuberculosis amongst patients and three members of the staff were under care for the same reason. * In view of the large population these numbers are small.

The Institution was free from dysentery.

The sick generally were receiving all necessary medical and nursing care, and the hospital wards throughout are well adapted to their purpose.

Excluding such cases as were suffering from recognised illness the general health of the remainder was good and their nutritional state satisfactory. This, and the records of monthly weighing produced to us, seemed to indicate the provision of a dietary that meets requirements, so far as essential details are concerned.

Two cases of enteric fever have occurred since the last visit among the patients, and the same number among the staff. The cause of the disease in the first person affected was not discovered, and the following three were the result of contact with the first.

Cases of dysentery that have occurred during the same period have numbered 10, two proving fatal. We satisfied ourselves in regard to this disease that by bacteriological and other measures every effort is made to secure the early diagnosis and segregation of cases as they occur.

Deaths since the last visit have numbered 123, tuberculosis being responsible for 25, heart disease for 24, general paralysis for 19 (18 male and 1 female), pneumonia for 8 and bronchitis for 7. The cause of death was verified by post-mortem examination in the somewhat low proportion of about 46 per cent. of the cases. In view of the diagnostic value of these examinations, the guarantees they afford as to the cause of death, and their protective influence against ill-usage of all kinds, we regret that it has not been found possible to increase their number. Whilst fully realising the difficulties, we think that strenuous effort should be made to remove influences which interfere with inquests being held at all and cause delay in cases where no objection is made.

Five inquests were held.

There have only been four serious non-fatal casualties during the period under review, none of which appear to call for special notice from us. The small number of these occurrences speaks well for the attention paid to the patients by the nursing staff.

The percentages of patients usefully employed are still much below the average of mental hospitals generally. We think that this is a matter which requires attention. Of the figures supplied to us we notice that 414 of the 721 women returned as usefully employed only engage in ward work.

A strong staff of attendants and nurses is maintained, the actual numbers varying little since our colleagues' visit last year. Six male wards are still nursed by female nurses.

We understand that arrangements will shortly be made to procure the weekly attendance of a surgeon dentist, which we are sure is a step in the right direction. At present, under a temporary arrangement, dentistry work is carried out by Dr. Tattersall, the pathologist, and takes up a great deal too much of his time. For an institution of this size we are sure that the appointment and regular attendance for consultations of an outside consulting surgeon and physician would be useful and likely to promote public confidence in the excellent medical work done here.

Dr. Cassidy, whose interest in the institution and his patients is as active as ever, has the assistance of seven medical colleagues, two of whom are on a temporary basis. In the absence of Dr. Rows on other work, although his name remains on the books, the pathological work is carried on by Dr. Tattersall.

Lancashire Mental Hospitals.—2. Rainhill.

November 27th, 1923.

Since the last visit of Commissioners this Institution has lost the services, unfortunately through illness, of Dr. Cowen, who during the last ten years has discharged with great efficiency the duties of Medical Superintendent. Dr. Cowen had for over thirty years been in the employment of the Lancashire Asylums Board at one or other of their Mental Hospitals, and has rendered them much valuable work. We hope that he will have many years to enjoy greater leisure and better health.

The Committee have appointed as Medical Superintendent to succeed Dr. Cowen, Dr. E. F. Reeve, who has been Assistant Medical Officer here for just on twenty years, for the last twelve of which he has been Deputy Medical Superintendent. From what we have seen at our visit yesterday and to-day, we can report that Dr. Reeve has made an excellent commencement, and we are sure that he will administer this large and difficult Institution in the most progressive spirit.

We are glad to be able to report that, since our colleagues' visit in April, 1922, the Committee have been giving close attention to the possibility of improving the arrangements for the reception and treatment of

newly-admitted patients. Plans have been submitted and finally approved by our Board for the adaptation of Wards 15 and 16 at the Annexe into Admission Wards. We have the advantage of seeing the proposed changes on the spot, and are sure that they will constitute a very valuable addition to the therapeutic resources of the Institution. In addition, Ward 18 at the Annexe is to be converted into a large general infirmary for female patients. It is to be hoped that it may ultimately be found possible to have a similar ward on the male side. Other valuable schemes we may mention are the conversion of the Deputy Medical Superintendent's house at the Annexe into two residences, one for the Deputy Medical Superintendent and the other for an Assistant Medical Officer; the house as it stood was larger than was required for the Deputy Medical Superintendent alone. Further, the Chaplain's house, there being now no resident Chaplain, has been converted into two houses for married medical officers. Our Board has always been strongly in favour of quarters being provided for married members of the medical staff.

The building originally built as an isolation hospital has been utilised as a parole ward for some 35 quiet, well-behaved male patients; this is a good and much appreciated arrangement, and the men we saw occupying it seemed very comfortable and contented; they are allowed considerable privileges and, in addition to less-restricted freedom, sit up till 9 o'clock, and have something in the way of supper before going to bed. There is no exactly corresponding arrangement on the female side, but the returns of patients allowed parole are quite satisfactory, 89 men and 18 women having this privilege within the estate and 55 men and 24 women outside.

Minor matters which we may mention are the much-improved washing facilities that are being supplied throughout the Institution by new modern wash-basins in the lavatories, a better provision of alarm bells for use in emergency, and the general redecoration of many of the wards in bright and tasteful colours.

The new admission wards will be supplied with means for hydrotherapy. In the absence of an operating theatre and X-ray apparatus here, arrangements have been made with the Pilkington Hospital, conveniently situated about a mile away, so that any cases requiring special attention will be examined and treated either here or there. A dental surgeon now visits twice a week.

The following changes have occurred among the patients since April, 1922 :—

	M.	F.	T.
Admissions - - - - -	495	416	911
Discharged or removed - - -	309	289	598
Discharged upon recovery - -	144	146	290
Deaths - - - - -	163	137	300

There are now on the books the names of 2,077 patients, 977 being of the male and 1,100 of the female sex. Practically all the patients of the private class are the "Service" patients, who number 174 and are very well treated. There are six patients chargeable to out-county unions.

The number of patients allowed out on trial have improved; we hope that the utility of testing in this way the fitness of patients for discharge and the value of pecuniary assistance while they are on trial will be even more fully appreciated.

The available accommodation here has been slightly increased by allowing more of the nursing staff to sleep out and by other re-arrangements; even so, the Hospital now has only some 70 vacancies.

The wards and dormitories are generally well kept and liberally supplied with objects of interest and amusement—the cinema shows are much appreciated and a further addition is contemplated at the annexe—the beds and bedding were in proper order—in some of the wards the linoleum floor covering was worn and requires repair.

The patients of both sexes were orderly in their behaviour and, apart from the subject of detention, free from complaint. In Male Ward 5, however, there are congregated 35 of the most dangerous and difficult male patients, whose care and treatment taxes to the utmost the vigilance of the medical and nursing staff. Some of these violent and impulsive men seem to us to be more suited for an institution such as Broadmoor. In the event of further assaults of the character of the one recently made upon Dr. Reeve, we think that steps in this direction should be taken by the institution of criminal proceedings.

The clothing and personal appearance of the patients was satisfactory. As regards the women, we were glad to hear that efforts are made to suit individual tastes in the cut and patterns of the dresses, and that suitable patients are encouraged to wear their own clothes.

The dinner which we saw served yesterday in several of the wards consisted of stewed meat with potatoes and cabbage, bread and cheese, and coffee. The dietary generally has been receiving attention here; the dinners have been improved in variety and additions are now made on some days of the week to the breakfasts and teas.

The weekly maintenance charges are 19s. 10d. for home, 22s. 2d. for out-county, and from 22s. 2d. up to 23s. 7d. for private patients.

Further cracks, the results in all probability of subsidences in connection with the working of the mines under the estate, having made their appearance, the Committee have now instructed a Mining Engineer to investigate the whole matter and report.

A very large proportion of the 176 patients in bed were suffering from senile or other debility, general paralysis, or temporary ailments. Except in the admission wards, few persons were under treatment for mental reasons, a condition we understood to be due to the predominance of cases of chronic and irrecoverable character amongst recent admissions. The admission wards on both sides of the Institution contained the quiet, improvable cases, who were obviously receiving the special care and attention they needed to give them the best chance of early recovery. Amongst patients in bed and in the hospital wards were some cases of general paralysis undergoing malarial treatment, in some of which very marked improvement had resulted.

Patients suffering from tuberculosis numbered 28 in all, of which only some 10 or 12 were in active state.

No case of dysentery was under treatment in the Institution, which, in view of previous prevalence, is very satisfactory. The low incidence of this disease during the current year as compared with 1922 is, we think, due to the energy displayed by the medical staff in the prosecution of efforts at prevention in many directions, especially in careful laboratory work and segregation of persons affected.

Excluding the sick, the health of patients generally appeared to be good and their state of nutrition excellent. This, we think, is largely contributed to by the recent improvement in the dietary which has, as already indicated, been materially supplemented and re-arranged so as to give as much variety as possible.

The deaths since April, 1922, have numbered 300 in all, 163 in males and 137 in females, the chief causes being arterio-sclerosis and tuberculosis in 21 per cent. each, general paralysis in 20 per cent., kidney disease in 9 per cent., and heart disease in 7·5 per cent. Post-mortem examinations were held in about 74 per cent. of the deaths. With two exceptions, they were all due to natural causes—one the case of a woman who sustained accidental injury during an epileptic seizure, and the other the case of a man who hanged himself while working in the grounds. Both were the subject of inquests, and the circumstances of each were fully reported to our Board at the time.

We have pleasure in recording our satisfaction at the extent to which the mental and physical treatment of patients is contributed to by careful laboratory work. Dr. Watson's neuro-pathological work is well-known, and we are glad to hear that the valuable material he has accumulated

is now being used for educational purposes. Classes for medical practitioners and students from the Liverpool University are now being held. We hope that this development will be encouraged and its scope extended. Very important work has been done in the pathology of pellagra and dysentery, the former of which is of increasing incidence in mental hospitals, and the latter a condition that continues to cause anxiety in these institutions.

The serious but non-fatal casualties—six in number—were all in the nature of fractures or dislocations of bones accidentally sustained.

The nursing staff is at present as follows :—

	M.	F.	T.
Charge attendants and nurses -	19	21	40
Ordinary attendants and nurses -	100	106	206
Night ,, ,, -	21	26	47
	<hr/>	<hr/>	<hr/>
Total - - -	140	153	293
	<hr/>	<hr/>	<hr/>

They work upon a basis of a 54-hour week. No male wards are nursed by female nurses.

Dr. Reeve has at present the assistance of only four medical colleagues, the Deputy-Superintendent being Dr. Ainsworth. In addition, there is Dr. Watson, the pathologist, who has no ward work. This is, in our opinion, as it was in that of our colleagues on the last occasion of visiting, at least two below the necessities of the Institution.

Lancashire Mental Hospitals.—3. Prestwich.

November 30th, 1923.

We have paid our annual visit to this large institution under somewhat difficult conditions. In October last, Dr. Perceval, who had been Medical Superintendent since 1902, retired on pension. To succeed him, the Lancashire Asylums Board appointed Dr. Rodgers their Deputy Superintendent at Winwick. Later in the year Dr. Simpson, the Medical Superintendent at Winwick, having intimated his intention to retire at the end of the year, Dr. Rodgers was appointed to succeed him at Winwick, and Dr. David Orr, for many years Deputy Superintendent here, has been appointed Medical Superintendent and will enter upon his duties on the 1st January, 1924.

Dr. Orr's high qualifications are well known, and we are sure that his administration will be conducted in the most progressive spirit. The difficulties he will have to meet are of no ordinary character, and we are sure that he will have the cordial support of the Committee in the carrying out of any reforms that he may think necessary.

Under these circumstances, we feel that it is undesirable to deal in any detail with the many matters that, in our Board's opinion, call for urgent attention. It will be sufficient on this occasion to say that we have had the opportunity of discussing our views with Dr. Orr, who has an excellent grasp of the subject and is fully aware of the directions in which progress is essential to bring this large institution up to the level of modern scientific requirements.

Amongst the various matters we have discussed we may mention (1) the new drainage scheme. The Committee have for many years realised the necessity of substituting a water carriage system to take the place of the present earth closets. We understand that they have called for a report from the Surveyor on the whole matter. (2) The necessity for improving the present arrangements for the reception and treatment of new admissions. This was specially referred to by our colleagues at their visit last year. Dr. Orr has some very definite ideas of improvements that can be effected, but any scheme of this sort will require very close consideration. In connection with this subject, there are such matters as adding to and improving the verandah accommodation for open-air treatment in bed of suitable cases, continuous baths, an X-ray

installation, and possibly an operating room. The use of "Thornhill" and "Wood Villa," either for early or for convalescent cases, is well worth consideration. (3) The condition of some of the wards at the annexe. We are glad to hear that a sub-committee has been appointed to go carefully into this matter. (4) Some very important matters closely affecting the general amenities of the patients, such as the dietary, clothing, occupations and amusements, extension of parole privileges, and improvement of some of the airing courts. On all these matters we found Dr. Orr in full sympathy with our views and very helpful in suggestion.

We may mention that the excellent Pathological Department has been re-opened and reorganised, and is now functioning very satisfactorily; and we are glad that the lectures to the Nursing Staff have been resumed.

At our visit yesterday and to-day, we have visited all parts of the Institution, and paid close attention to the patients. The wards at the main building are well kept and comfortable. Good fires were being kept up in all of them, which in this cold weather were much appreciated by the patients. The dormitories and the beds and bedding were quite satisfactory. A good deal of general redecoration has been carried out, but much requires to be done to the female wards at the annexe. The patients of both sexes were remarkably free from complaints of any sort. We had, of course, numerous appeals for discharge, but no suggestion of rough treatment. That this should be so in a large institution containing over 2,600 patients of varying types speaks well for the consideration and tact shown by the members of the Nursing Staff.

The following changes have taken place among the patients since our colleagues' visit a year ago :—

	M.	F.	T.
Admissions - - - - -	253	325	578
Discharges or removals - -	165	227	392
„ upon recovery - -	85	133	218
Deaths - - - - -	107	90	197

There were to-day on the books the names of 2,683 patients, 1,261 being of the male and 1,422 of the female sex. One woman was away on trial; and we are glad to observe that, to all the patients who have been on trial during the period under review, money allowances have been granted.

The Institution is practically full, there being only 21 vacancies on the male and three on the female side. In view of the demand for further accommodation for the insane in the County of Lancaster, which is likely to become acute in the near future, it is important to mention that we saw a very considerable number of quiet chronic demented patients, especially in the wards of the annexe, who could in the opinion of the medical staff here, be quite suitably looked after in properly staffed Poor Law institutions. We would urge that every effort should be made to relieve the pressure on the mental hospitals by the removal of such cases to their own Unions. In the interests of proper economy, we think that the Poor Law Authorities should be urged to co-operate in this direction. An admission rate of nearly 600 cases in 12 months accentuates the importance of some such steps being taken.

The general health of patients appeared to be good and their state as to nutrition satisfactory. Sixty-four men and 80 women were in bed, suffering for the most part from senile or other debility, general paralysis, or from conditions necessitating special nursing care for mental reasons. Cases of serious illness were very few; there was no dysentery or other form of infectious disease.

Patients under treatment for tuberculosis were to-day 45 (21 males and 24 females). This smaller number of notified cases would seem to indicate the probability that the returns for the present year will show improvement both in incidence and mortality over those for 1922, which

were recorded at 26·2 per 1,000 and 14·6 per 1,000, respectively, calculated on the daily average number resident. The means for all mental hospitals were for the same year for incidence 17·1 per 1,000, and for mortality 11·8.

The sick appeared to be receiving all necessary nursing care and attention, and we had very satisfactory evidence that the members of the medical staff possessed an intimate knowledge of the mental and physical condition of each patient. From a cursory view of the case book notes, it seems unfortunate that so little detail of the mental condition is recorded; most of the cases appeared to be noted up on one special day in each quarter; we think it would be better for a smaller number to be dealt with every week so that each case may be treated more fully.

The chief causes of 197 deaths were heart disease in about 20 per cent., general paralysis (32 male and 6 female), and tuberculosis in about 20 per cent. each. Post-mortem examinations were made in about 65 per cent. of all deaths. It seems probable that the mortality rate per cent. on the daily average population for the current year will not be much, if at all, in excess of the low death rate for 1922, which was 8·86 for males and 6·17 for females, making 7·46 for both sexes together.

All deaths were due to natural causes, and no inquests have been held.

Seven serious non-fatal casualties are recorded, six being fractures of bones and one injury to an eye-ball. In five cases the casualties were accidentally sustained; in a sixth the injury was caused by an attempt at suicide in the case of a woman, who threw herself down a fire-escape staircase; and in the seventh the cause of a fractured rib was not discovered after prolonged inquiry.

The "Service" patients are 267 in number. We paid close attention to them, and came to the conclusion that they are receiving kindly care and treatment—a conclusion, we are glad to see, which was arrived at both by representatives of the Minister of Pensions and of the local branch of the British Legion. The special allowance of 2s. 6d. per week in money or in kind is received by all the men except one, who refuses it.

The weekly maintenance charges are 19s. 10d. for home and 22s. 2d. for out-county patients (of whom at present there is only one). Private patients—of whom, in addition to the "Service" patients, there are three men and nine women—are received at rates varying from 24s. 6d. to 35s. per head per week.

The Assistant Medical Staff consist of Dr. Logan, who has been appointed Deputy Superintendent, and six other Medical Officers, one of whom is a lady and one on a temporary footing.

Lancashire Mental Hospitals.—4. Whittingham.

May 29th, 1923.

The changes that have occurred among the patients in this very large Mental Hospital since our colleagues' visit in April of last year comprise the following:—

		M.	F.	T.
Admissions	- - - -	481	314	795
Discharges or removals	- -	220	189	409
„ upon recovery	- -	125	103	228
Deaths	- - - -	140	87	227

There were to-day on the books the names of 2,789 patients, in the proportion of 1,295 men to 1,494 women.

No-one was to-day out on trial, and it appears from the returns made to us that the practice of allowing patients absence on trial with a view to testing their fitness for complete discharge is made but little use of in this Institution. During the period under review, although 228 patients were discharged as recovered, only nine patients have been allowed out on trial, and only in four cases were money grants made to patients during

absence on trial. In the large population of this Institution, there are numbers of patients of the chronic type, some of whom might, no doubt, be discharged to the care of their friends, if they were willing to receive them. In these cases absence on trial might more often be resorted to than appears to be the case at present. It is satisfactory to find that 162 men and 16 women have their parole within the Asylum estate, and 23 men have parole outside. There are vacancies to-day for 44 patients on the male side, and for five on the female side.

The admission hospital is still diverted from its original purpose. We agree with our colleagues in thinking that, before it is used for the reception of new cases, the verandah accommodation will require to be increased, as well as provision made for other modern methods of treatment.

In the course of our inspection, we have visited the various dependencies of the Institution, and can report that the whole place is maintained in good order, the newer parts of the buildings being especially attractive and well-equipped. Only minor improvements and alterations have been undertaken during the last year.

The Committee proposed to purchase the adjoining property known as Withy Trees Farm for the erection of attendants' cottages and other purposes connected with administration; but our Board, after giving close consideration to the scheme, arrived at the conclusion that it was not one which, under existing financial conditions, they could recommend to the Minister of Health for his approval.

Of matters mentioned by our colleagues, the two airing courts, one on the male and the other on the female side, specially commented on as dull and unattractive, remain in the same condition. A Medical Officer's clinical room has been provided at the main hospital building on the male side, and it is hoped to make similar provision on the female side.

A dental surgeon now visits regularly twice a week, and there can be no question of the value of this arrangement. The difficulty in an Institution of this kind in getting more than a small proportion of the patients to give due attention to the cleaning of their teeth must be considerable. Nail brushes are now supplied in some of the wards. The restriction on the male patients smoking in the principal day-rooms has now been removed.

The patients were generally quiet and well-behaved, and free from complaint. Some few complained to us of the distance they are from their homes, and of not being visited by their friends in consequence. We may hope, therefore, that the recent decision of the Lancashire Asylums Board to send, as far as possible, patients to the Institution nearest to their homes is bearing fruit.

The clothing of the patients of both sexes was fairly satisfactory, and it has to be remembered that considerable numbers of them are of destructive and degraded habits. Effort, however, is made to suit the individual tastes of the female patients who are capable of appreciating these matters, both as to the pattern and the cut of their clothes.

The wards are well-supplied with books, newspapers, games and objects to amuse and interest their inmates. The provision of a cinema seems to be much appreciated, as is evidenced by the returns of the numbers of patients present at the weekly entertainments. Badminton is played in the new hall, and patients take part in games both of football and cricket.

The condition of the dormitories and of the beds and bedding was very satisfactory. In some of the dormitories of the main building and the annexe, no water closets are provided, and commodes have to be used, which are both insanitary and inconvenient. We hope that it may be found possible in the near future to remedy this.

There are 126 male patients of the "Service" class; these men are accommodated in the various wards of the Institution, and seemed to be well-cared-for and, with but few exceptions, availing themselves of the privileges to which they are entitled.

The dinners, which we saw served in several of the wards on both days of our visit, consisted yesterday of a substantial meat-pie, with cabbage, potatoes and bread, followed by dumpling, and to-day of roast beef, potatoes and spring cabbage, with bread, followed by rice pudding. We had no complaint on the subject of the food, and we are glad to see from the dietary table that the question of how best to vary the monotony of the breakfasts and teas is receiving close attention.

The weekly maintenance charges are now 21s. for home, 25s. for out-county, and 30s. for private patients.

We discussed with Dr. Clark a matter in connection with the recent dismissal of three nurses, which has been the subject of correspondence with our Board. It is not desirable to deal with the matter further in this Report, but we shall report fully to the Board on the various points that have been raised.

The general health of the Institution was good, the patients as a whole being well-nourished and robust in appearance. This, we feel sure, is largely the result of the care and thought expended upon the dietary, with special reference to the proper provision of articles containing essential food factors. In this relation, we were glad to find that, especially for the sick and debilitated, prominence is given to the administration of animal fats, and to all patients uncooked vegetables and fruit whenever possible.

There was a minimum of serious illness: practically all of the 150 or so females and of the 100 or so males in bed being under care for senile or other debility or for mental reasons. The large proportion of the latter was especially satisfactory. Sick patients were receiving all necessary medical and nursing care and attention, and the amenities in the sick wards were equal to those of the best general hospitals. The medical staff showed a very intimate knowledge of the present condition and probable prognosis of all their sick cases.

We were, indeed, specially pleased with the efficiency of the members of the medical staff, and their evident determination to test the value of, and to use to the fullest advantage, all modern methods in the treatment of disease. In particular, we considered the laboratory, with its range of bio-chemical and bacteriological work, as a live department, and one that may be considered of inestimable value. The special work now being carried on in relation to general paralysis, especially by malarial injections, with apparently good results, is also an admirable feature.

Of the 227 deaths within the period under review above, 28 per cent. were due to general paralysis (56 males and seven females), of which disease the Institution contains a large number of cases to-day; 52 males and eight females, a little under 17 per cent., died from heart disease, 11 per cent. from arterio-sclerosis, just under 10 per cent. from tuberculosis, and 8 per cent. from pneumonia. Compared with the death rates in mental hospitals generally, the mortality from tuberculosis is low, a satisfactory condition for which the well-ventilated wards and attention to the dietary are mainly responsible. Both the incidence of, and the mortality from, dysentery are also considerably below the mean of all mental hospitals, the deaths from this disease during the period numbering four only, equally divided as to sex.

Nine inquests were held, the verdict in six of them being "natural causes"—one of the remaining three being due to a self-inflicted throat wound before admission, another to an accidental fall, and a third to fracture of the skull in the case of a man who threw himself from one of the Institution windows. The circumstances relating to each of these three deaths were fully reported to our Board at the time of their occurrence.

The nine serious but non-fatal casualties that have occurred were all in the nature of fractures of bones accidentally sustained.

Infectious disease has been represented by a few cases of influenza, four of diphtheria, seven of dysentery, and three of scarlet fever.

The nursing staff consists at present of the following :—

	M.	F.	T.
Charge	16	21	37
Ordinary	127	124	251
Night	26	36	62

No female nurses are employed in the male wards. Thirty-three attendants and 14 nurses hold the final nursing certificate of the Medico-Psychological Association, for which a pecuniary allowance of 4s. per week is given.

Since 1st January last, the duty hours have been increased to 54 hours per week, with annual leave of three weeks.

Dr. Clark has the assistance of only six medical colleagues, which number we agree with our colleagues in thinking too few for an Institution of this magnitude. We understand that the services of a Pathologist are being advertised for.

Lancashire Mental Hospitals.—5. Winwick.

July 21st, 1923.

During the 15 months which have elapsed since the last visit of Commissioners to this institution a large number of patients have been admitted, and though, at the moment, there is a good deal of vacant accommodation, it seems probable that if, in addition to cases admitted on transfer, the newly-admitted cases continue at the high figure of the last few months, no long time will elapse before the whole of the accommodation now available will be required; the female side is likely to be full before the end of the year. The two other mental hospitals which serve this part of the county—namely, Prestwich and Rainhill—are both of them practically full, and, consequently, most of the new cases have to come here. Last week as many as 11 men and 23 women were admitted. We are glad, therefore, to hear that the future requirements of the county in the matter of lunacy accommodation are receiving the close attention of the Lancashire Asylums Board.

The following are the figures relating to the changes among the hospital patients since the last visit :—

	M.	F.	T.
Admissions - - - - -	218	820	1,038
Discharges or removals - - - - -	11	49	60
Discharges on recovery - - - - -	17	172	189
Deaths - - - - -	21	91	112

There are now on the books the names of 1,288 patients, 498 being of the male and 790 of the female sex, all of them being in residence except two women out on trial.

The total available accommodation is for 1,172 males and 1,000 females. Winwick Hall is for the moment occupied by 51 women suffering from skin trouble of various kinds, including a certain number of cases recovering from scabies and ringworm.

The only patients of the private class are 20 "Service" patients, who showed every evidence of being treated with all proper kindness and consideration. There are also eight patients chargeable to out-county unions.

The task of filling up this large institution after its long and most useful service as a military hospital has been a heavy one, entailing much extra care and foresight on the part of the Committee and the medical staff. From what we have seen at our visit, which occupied us yesterday and to-day, we can congratulate everyone concerned on the good progress that has been made.

The wards, dormitories and airing courts were looking very bright and attractive, and are very well kept. The supply of various objects to interest and amuse the patients is on a liberal scale. The condition of the beds and bedding left nothing to be desired.

The patients of both sexes had a well-cared-for appearance. Among them are several men and women of the difficult and intractable type; but there was very little noise or excitement; nor, apart from appeals for discharge, did we receive any serious complaints.

The clothing was generally satisfactory, and we were glad to hear that the better behaved female patients have a not inconsiderable say in respect of the pattern and the cut of their clothes. The men for the most part were remarkably tidy.

Five wards on the male and three on the female side have not yet been brought into occupation.

We saw yesterday a good dinner of Irish stew, with bread, followed by tapioca pudding served in several of the wards. We were especially pleased with the electric plate-warmers now being supplied to ward kitchens. These conveniences are simple and effective, and go far towards securing the distribution of hot food to patients.

The dietary is good and sufficient. There is, however, but little variety at breakfast—at any rate, during the summer months, when porridge is discontinued—but for tea, jam or marmalade or cheese or cake are given on several days. We received no complaint on the subject of the food.

The maintenance charge made to the guardians is now 21s. per head per week; for private and out-county patients the charge is 23s. 4d.

We looked into the bathing arrangements at the general bathroom, which are, on the whole, satisfactory. The provision of movable screens in the women's dressing room would, we think, be appreciated by some of the patients of more refined tastes.

Mechanical restraint by locked gloves to prevent the removal of surgical dressings has been employed in 23 cases, and 57 patients have been secluded for various short intervals.

As might be anticipated, owing to the temporarily excessive admission rate, we found a considerable number of patients in bed—more, in fact, than 17 per cent. of the population. Consequently a very large proportion of them were under treatment for mental reasons, rest in bed being rightly considered a necessary preliminary to the application of other therapeutic measures, and as affording the best opportunity for close observation and study of each individual case. The majority of the remaining cases were suffering from chronic illness, senile or other debility, skin trouble or trivial ailments.

There was a minimum of serious illness. All verandahs for open-air treatment, the number of which might some day be increased with advantage, were in full use for tuberculous and recent cases. There are at present under care in the institution an unusually large number of cases of general paralysis. All sick persons appeared to be receiving excellent medical attention and all necessary nursing care, the amenities of the sick wards being in all respects those of a general hospital. In this connection we were glad to hear that the services of a consulting surgeon can be obtained in case of need, and hope that this arrangement will be extended in future to other branches of medical work, especially the gynaecological. We think that the examination by experts of many women on admission would prove of material advantage and improve their chances of rapid recovery.

Excluding the sick, the general health of the institution was good. The low incidence of tuberculosis, as compared with mental hospitals generally, and the absence of dysentery or epidemic diarrhoea are both matters for congratulation.

The need for the careful classification of patients according to their mental and physical state is fully realised; but the difficulties at present prevent an ideal condition, owing to the rapid admissions and the transition stage through which the institution is passing. Moreover, in dealing with so many recent cases of excitement and turbulence, the medical staff is handicapped by a deficiency in single-room accommodation, which is likely to present difficulty, even when numbers have increased to full capacity and the hospital is functioning normally. Whether or not this

deficiency can be remedied may possibly, sooner or later, become a question for the serious consideration of the Committee.

The deaths since the last visit numbered 112, about 44 per cent. being due to disease of the heart and circulation. Twelve patients died from general paralysis, 11 from organic brain disease, 7 from pneumonia, 6 from tuberculosis, and 5 from epilepsy. All deaths, with one exception, were due to natural causes, the exception being the case of a woman who died, presumably, after drinking some mouth wash containing carbolic acid, without suicidal intent. An inquest was held, but, the evidence as to how she obtained the poison being inconclusive, the verdict was an open one. The circumstances of this death were reported to our Board at the time.

Seven serious casualties are reported, all in the nature of dislocation or fractures of bones accidentally sustained.

The number of patients on suicidal parchments show a percentage of 13 per cent. or nearly six times as high as the average in all mental hospitals. While fully aware of Dr. Simpson's views on this matter, we hope that all these cases are reconsidered sufficiently often so as to ensure that patients not actively suicidal are not unnecessarily harassed by a too constant espionage.

For the time being the annual returns relating to the employment of patients are low, especially on the female side, which for last year was only 30 per cent. This was no doubt due to temporary causes, and will, we hope, soon be remedied.

As to the male side, we were told that as many men as possible are needed to work on the farm and gardens; as a consequence, the numbers working in the excellent range of workshops are very low.

We were glad to notice the provision of two hard lawn tennis courts for the use of the staff, and a bowling green is in process of construction by staff and patients' labour.

Under present conditions it is hardly a matter for surprise that more than 50 per cent. of the female nursing staff have less than one year's service.

Dr. Simpson has the assistance of four permanent and one temporary medical colleagues.

Leicestershire and Rutland Mental Hospital.

November 27th, 1923.

As the result of the changes which have taken place amongst the patients since my colleague visited in March, 1922, there are now on the books the names of 671 patients, 293 men and 378 women—and all were in residence to-day except one man and two women, who were away on leave.

Of this number, 35 men and 26 women are classed as private patients, and one man is chargeable to an out-county union. The total accommodation provides for 308 males and 380 females, so there are vacancies for 16 of the former and four of the latter. The maintenance charges are 16s. 11d. for home, 19s. 3d. for out-county, and from £2 2s. downwards for private patients.

Though 105 patients have been discharged or removed, of whom 77 had recovered, only 21 had been allowed out on trial, and to none of them had money allowances been granted by the Committee. Trial is, I understand, used not only as a test of recovery, but also as a means of finding out if a patient is fit to live with friends, though not mentally well, and I hope it will be used to a much greater extent, and that the Committee will make money grants to every case who is in the least likely to benefit from receiving it.

At my visit to-day I found the patients' day rooms and dormitories to be kept in excellent order and spotlessly clean, but, throughout the building, the heating arrangements left much to be desired. On the female side no day room had a temperature over 48 degrees, and one was as low

as 42. The male side was better, but only in slight degree, and the highest temperature recorded was 54. These temperatures were taken in the middle of the day, and it is obvious that in the early morning—the heat is only turned on at 6.30 a.m.—the temperature cannot be much above freezing-point. I consider this condition of things to be most serious, but I am glad to say that Dr. Forrester, who is in charge in Dr. Stewart's absence on holiday, promised to take immediate steps to remedy matters and to furnish my Board with records of the future temperatures. Another matter which needs the consideration of the Committee is the shortage of numbers of the female nurses, which, I understand, is due to the difficulty of obtaining any answers to advertisements, and to the fact that those who are appointed frequently fail to join. This shortage is shown more especially in Ward 1, where there are only four nurses to take care of 52 patients, though many of them are new admissions and many others need careful sick nursing, and in Ward 9, where three nurses, reduced to two or one at meal-times unless relief is given, have to be in charge of 58 of the most troublesome women in the hospital. One of the results of this shortage is that many of the female patients have to be secluded, whereas, had the staff been sufficient in number, they might have been taken out of doors or been allowed to mix with the others in the day rooms.

Games are provided for the patients' amusement, but I noticed a great shortage of books, and also that the few that there are in the wards are seldom changed.

The patients themselves were quiet and orderly, and I received no complaints as to their treatment, except with regard to the cold, and in one or two cases to the diet, which, though on the whole considerably improved, is still extremely monotonous at breakfast-time, consisting, as it does, of bread and margarine, with the addition of bacon or potted meat on one day in the week only.

The clothing was satisfactory, except that I noted some shortage of under-garments on the female side, and I was glad to hear that the Matron is doing all she can to improve the style and appearance of the garments. I hope also, where circumstances are satisfactory, patients may be allowed to wear their own private clothing.

I was surprised to hear that no patients are allowed parole, and that on only one day in the year are patients taken for walks outside the grounds. The advantages of both parole and country walks are so well recognised in practically every mental hospital in England and Wales, that it is needless to mention them here, and I have no doubt that the Committee will institute both in the near future.

No wards are used as open-door wards on either side, but I was glad to hear that a club room has been instituted for both the men and the women, and that patients are allowed to sit up in these rooms till 9 p.m. if they wish, though the other patients have to be in bed before 7 p.m.

The patients' health is reported as being good, and there has been no epidemic disease in the institution during the period under review. Weights are taken regularly, and show fairly satisfactory results.

To-day only four women and two men are known to be suffering from tuberculosis, but this disease was the cause in 10 of the 94 deaths, and the records of its prevalence in 1922 are far from satisfactory. In that year the notifications from this hospital were 29.1 for 1,000 population, as against the mean of 17.1 for all mental hospitals, and the deaths were 17.8, as against 11.8 for all hospitals. Cases of this disease are treated in the infirmary wards, where verandahs can be used for open-air treatment, and all their drinking vessels and other are kept for their sole use.

One inquest has been held, but the circumstances were fully reported to my Board at the time, and call for no special mention.

During my visit to the wards I paid particular attention to the Service patients, and found them to be comfortable and to be free from complaint of any kind. To 17 out of the 19 is given a weekly grant, but to only one is the full 2s. 6d. given, and to the others from 6d. to 2s.

I saw some of the patients in their airing grounds, and was glad to see that all the paths have been put into good condition.

The nursing staff now consists of 30 male and 27 female nurses for day, and of 5 male and 4 female nurses for night duty; 15 of the former and 3 of the latter have passed the preliminary examination of the Medico-Psychological examination, and 6 of the former and 2 of the latter the final examination.

Dr. Stewart still has the assistance of Drs. Forrester and Craig, both of whom accompanied me round the wards, and gave me all possible assistance and information.

No dentist has as yet been appointed, but I hope this question will receive early consideration from the Committee. Were one appointed, he would be able, in the first instance, to attend to the mouths of all new admissions, and, later, to those of the other patients, and I have no doubt that much good would be done for the patients' physical health, and also as a help to improvement in their mental condition.

Lincolnshire Mental Hospitals.—1. Bracebridge.

November 1st, 1923.

Dr. Macarthur, who has the assistance of one permanent and a temporary medical officer, the other permanent medical officer being at present absent on sick leave, has settled well into his position as the Medical Superintendent of this institution. He has a thorough knowledge of those under his care, and evidently takes a keen and energetic interest in his work, and the matters to which reference was made in the last report have, as far as possible, received attention.

At the time of the last visit, the classification of the female patients had been dealt with and, since that date, the male side has been treated in a similar manner, male ward H being used solely for infirmary cases and ward I being set aside for new admissions. This is a great improvement upon former conditions, but in order to fully obtain the advantage of this alteration, the addition of a verandah to this ward, similar to that in female ward K, would be found very beneficial. There is, as no doubt the Committee fully appreciate, a lack of verandah accommodation and, I trust, as soon as it is found practicable, this matter will be taken in hand. Amongst other details to which attention has been given, I may mention the removal of blocks from the windows on the ground floor, except in the ward where the most acutely excited patients are, the supply of hand towels for the use of patients, an improvement in the style and colour of the women's dresses, a supply of slippers for the wards and an improvement at the mortuary, in regard to the arrangements for viewing the bodies of deceased patients by their relatives. Trial, in its enlarged sense and not merely with a view to test whether a patient has recovered, is now an established practice, and the desirability of making a money allowance is considered in each case. I am pleased also to learn that a second assistant matron has been appointed, and, not least important, that Dr. Macarthur has got into touch with the Committee and staff of the local hospitals, with a view to opening an out-door clinic at which work will commence as soon as the necessary arrangements can be made. The reorganisation of the heating and hot water installations and the erection of a water tower with a view to obtaining a satisfactory water pressure in case of fire are under consideration.

The hospital is throughout in very good order, and, so far as I could gather from my personal observations and my conversations with many of the more rational patients, the nursing staff are on good terms with the inmates and treat them kindly and tactfully, with one exception I had no complaint of any kind as to treatment; but few asked for their discharge, and the diet, which is a liberal one, appeared to give general satisfaction.

The exception referred to was that of an excited, deluded patient (A.C.) who said that about ten days ago a nurse had pulled out her hair

whilst two other nurses had held her down. It appeared that this patient had attacked and injured another patient, and, on a nurse interfering, had become very violent, a not unusual occurrence. This nurse was obliged to call to her assistance two other nurses. In the course of a violent struggle on the part of the patient (who is said to be quite uncontrollable when aroused) the nurses got her on to a bed and the nurse who first attempted to deal with the patient, said, that to prevent her biting and struggling she had grasped hold of the patient's hair to keep her head down. It was done in the excitement of the moment, and from the evidence of the nurses, who all admitted the occurrence, no hair was in fact pulled out. The three nurses bear excellent characters, and the superintendent and medical officers had already inquired into the matter, though it was only to-day that the nurses admitted, but without pressure, that the patient's hair had been held. I do not think the patient was injured, though it was not a proper course to have adopted, as I duly impressed on the nurses. I might mention that the nurse against whom the principal accusation was made has given notice of her resignation with a view to marriage.

As a result of the changes which have taken place amongst the patients since August 2nd, 1922, discharges or removals 107 (76 on recovery) and deaths 119, there are on the books the names of 437 males and 567 females, in all 1,004—of whom 39 are private patients (37 "Service") and three are out-county patients. On trial there are nine patients (since the last visit 79 have been allowed on trial) leaving 436 males and 559 women, a total of 995 in residence, all of whom I believe I have seen.

Parole is extensively granted on the male side.

There are 16 vacancies on the male side, but on the female side there is overcrowding to the extent of 14. It would appear as if the question of accommodation for women will assume a somewhat acute form at no distant date.

The maintenance charge for home patients is 15s. 9d., for out-county 20s. 9d., and for private patients a like sum.

There is no record of mechanical restraint.

Inquests were held in the cases of two of the 119 deaths, the circumstances of which were duly reported, at the time, to the Board. The verdict in one case was "death by misadventure"—burns before admission. With this one exception the deaths were from natural causes, 28 being from general paralysis, 16 from tuberculosis, 6 from pneumonia, 15 from senile decay and 1 from enteric fever (supposed), the origin of which could not be traced. Post-mortem examinations were held in 75 instances.

There has been no epidemic of zymotic disease.

There are at present ten cases of tuberculosis—males six (one of which is active), and females, four (active, two).

The general health is good, there are no cases of acute illness and but 31 patients were confined to bed, 9 men and 22 women, 8 of whom were being nursed in bed in the verandah of the female admission ward.

There have been 10 serious non-fatal casualties, none of which call for comment or remark.

The staff consists of: Charge attendants, 8, charge nurses, 12, ordinary attendants, 45, ordinary nurses, 55—for day; and 8 of each for night duty.

Four nurses are employed in the male infirmary.

The nursing certificate of the Medico-Psychological Association is held by 6 attendants and 9 nurses, and 12 of the former and 5 of the latter have passed the preliminary examination.

I think Dr. Macarthur may be congratulated on his administration of the institution.

Lincolnshire Mental Hospitals.—2. Kesteven.

April 20th, 1923.

Dr. Ewan, who had for so long been associated as medical superintendent with this institution, retired at the end of last year, and Dr. Iain R.

Macphail, who had been for some time acting as the assistant medical officer, was in January of this year appointed to fill his place.

Dr. Macphail was married this week, and is absent on his honeymoon, but judging from the condition in which I found the institution, and the evident content (except on the part of a few on the matter of their retention) and well-being of the patients, it seems clear that he takes a lively and intelligent interest in the administration of the asylum, and the health and care of those under his charge.

The building was throughout in excellent order, and I was accompanied on my visit by Dr. Spence, who was a while here as *locum tenens*, and who now assists Dr. Macphail, and has been appointed assistant medical officer. He has a good knowledge of his patients and rendered me all possible help during the course of inspection.

The patients were well clothed, and as I went through the wards I could see that steps had been taken to improve the style of dress on the women's side, and to vary the material and colour of their clothes.

I received no complaints as to treatment, surroundings, or diet, though I spoke to many of the patients and the answers I received to my numerous inquiries were: "Oh! yes, we are very kindly treated by every one."

On the men's side the shortness of overcoats (noted at the last visit) has been remedied, and ward thermometers have been supplied on that side and are, I understand, on order for the female wards.

I noticed boys with the adult male patients, and should like to see them moved to better surroundings.

I was told the question of granting leave has been under consideration, and though as yet little, if anything, has been done in that direction, I feel, from the talk I had with Dr. Spence, that there is every prospect of this practice being brought into use, as also the adoption in one ward at least on each side, of the principle of open doors.

Tooth brushes are in use in some wards, but not to such an extent as I should like, and I hope the habit of using them will be encouraged.

I think it would be a wise step on the part of the Committee were they to appoint a visiting dentist.

To-day I saw a good fish dinner, with potatoes and bread, followed by a milk pudding.

A pudding forms part of the dinner on all but two days of the week, when the meal consists of mutton and bacon with two vegetables.

The breakfasts and teas have been varied and improved. Porridge is given on two days of the week; potted meat on two days, and marmalade on two days for breakfast; and for tea there is jam on one day and cake on one day, and on another something in the nature of a simple salad, such as spring onions. Dr. Macphail has the diet under consideration, and it may, I hope, be found possible to still further improve and vary these meals.

Consequent upon the changes that have taken place amongst the patients during the period under consideration, there are to-day on the statutory books, and in residence, 228 males—women 223, a total of 451, all of whom I believe I have seen.

The private patients number 23, and those classed as Service 17, who, as the others, appeared to be properly supervised and cared for. There are 139 patients here from Peterborough and 40 from Grantham, and the remainder of the 197 out-county patients are chargeable to their various Unions.

Parole beyond the estate is allowed to 35 men and 13 women. There is an excess of 13 male patients and 8 women.

The maintenance rate has now fallen to 22s. per week for home patients and 26s. for out-county, and the charge for private patients is from 31s. 6d. to 42s.

There is no record of seclusion or mechanical restraint.

The 31 deaths which have occurred since the last visit were from natural causes; 4 from general paralysis, 8 from heart disease, 2 from pneumonia, and a like number from tuberculosis; but there is at present

no actual case of tubercular disease, nor is there, nor has there been during the period, any instance of dysentery. The death rate last year to 31st December was 6·57 : males 6·22 and females 6·92.

There has been but one case of influenza, but a member of the female nursing staff is suffering from enteric fever, the origin of which has not been ascertained.

The general health is good. There were to-day 8 men and 16 women in bed, but none of these cases call for mention.

There have been 4 serious non-fatal casualties, 3 of them resulting in fractures and accidentally caused. The fourth was the case of a man who was found with an incised wound in his abdomen, the facts of which have already formed the subject of correspondence with the Board.

The staff consists of : Charge male nurses, 6 ; charge female nurses, 8 ; ordinary male nurses, 15 ; ordinary female nurses, 23 for day and 4 of the former and 3 of the latter for night duty.

Seven male nurses and one female nurse hold the Nursing Certificate of the Medico-Psychological Association, and 8 of the former and 2 of the latter have passed the preliminary examination.

London Mental Hospitals.—1. Banstead.

October 6th, 1923.

During the period of nearly twelve months that has elapsed since the visit of our colleagues and the commencement of our visit yesterday, the following changes have occurred among the patient population :—

	M.	F.	T.
Admitted - - - - -	214	277	491
Discharged or removed - - - - -	145	141	286
Of whom had recovered - - - - -	48	72	120
Allowed out on trial - - - - -	76	109	185
Of whom were granted money allowances - - - - -	46	44	90
Died - - - - -	80	86	166

There were on the books yesterday morning the names of 1,001 males and 1,379 females—a total of 2,380 patients. Of these, 128 men and 15 women are classified as private patients, 122 of the former being of the “Service” class. Three of each sex are chargeable to four out-county unions.

The weekly maintenance charge for both home and out-county patients has been reduced from 28s. 7d. to 22s. 9d., and that for private patients from 28s. 7d.—32s. 8d. to 22s. 9d.—26s. 10d.

There are at present four men and 11 women out on trial, leaving 997 male and 1,368 female patients in residence. The institution is practically full—the accommodation on the male side being for 1,014 patients and on the female side for 1,375. On this calculation, therefore, there are vacancies for 13 men and an excess of four women.

During the course of our visit we have, to the best of our belief, seen all the patients in residence, and given to all who wished to do so an opportunity of speaking to us and stating any of their grievances. From no one did we receive any complaints of harshness or unkindness on the part of the staff, but, on the contrary, from several of both sexes, especially from those who were improving in health, we received expressions of thanks for the attention and care which had been bestowed on them.

Generally the behaviour of the patients was satisfactory, but, as remarked on in our previous reports, there was noise and commotion among the more turbulent patients in the larger wards, and we are glad to hear that the scheme for the alteration of these wards is well advanced ; but the work will not be able to be commenced until the patients can be moved from them and accommodated in the new “Eleventh” mental hospital at Epsom, which will not be for some months yet. These wards,

as has been previously pointed out, are too large to enable the staff to give individual attention to the patients, or for them to be properly classified.

The day rooms, dormitories and side rooms are clean and tidily kept, and the fabric of the institution is maintained in good condition.

The beds and bedding were clean and well arranged.

The clothing and personal appearance of both sexes were satisfactory, and we are glad to notice an improvement in the style and cut in many of the women's dresses, and that several of them were allowed to wear their own outer clothing.

The "Service" patients have recently been visited by a Headquarters' Inspector of the Ministry of Pensions, who has made a favourable report of the condition generally in which he found them.

These patients appear to us to be receiving the privileges due to their class.

The dinners yesterday, consisting of fish with potatoes, followed by suet pudding, were good in quality and well cooked. It is interesting to note that considerable improvement has been made of late in the construction of the dietary scale and in the variety of food given. The rota of all meals is now fixed on a 28 days' basis, and arranged so that (except the Friday fish day) no particular food can become associated with any particular day, with the result that no patient on rising in the morning will be able to foretell the constitution of his day's meals. Improvement has also been made in the breakfast and tea meals, so commonly deficient in mental hospitals; none now consists of bread and margarine only. To enable these changes to be carried out suitable additions have been made to kitchen equipment, amongst them a Berkel slicer (used for both hot and cold meat) and a Hobart machine for the preparation of food, both of which are giving satisfaction. We think the London County Council Mental Hospitals' Committee may be congratulated upon these changes, and the Banstead staff upon the thoroughness with which they are being carried out.

At the time of our visit we found 127 patients in bed (M. 48, F. 79)—a number equal to just under 6 per cent. in the case of women and 5 per cent. in the case of men. Amongst these were a few cases of serious illness, the terminal stages of disease, but the majority were persons receiving special treatment for mental reasons, or under nursing care for senile or other debility, general paralysis, or temporary ailments. Cases under treatment for tuberculosis numbered 22 only—i.e., about .9 per cent. of the total population; other than these there were no persons suffering from infective disease, and dysentery was entirely absent. Of the last-named disease there have been seven cases since the institution was last visited. All sick persons appeared to be receiving all necessary nursing care, and the medical staff showed an intimate knowledge of the physical state of each individual case.

Apart from the patients recognised as sick and under treatment for illness, the general health was good, and there was every evidence of a satisfactory nutritional state.

The 166 deaths that have occurred during the period under review were almost equally divided as to sex, and included 43 from heart disease (about 26 per cent. of all deaths), 29 from general paralysis, and 28 from pneumonia (roughly 17 per cent. in each case), 19 from tuberculosis (a little over 10 per cent.), and 13 from bronchitis (just under 8 per cent.). With three exceptions, all deaths were due to natural causes. One patient died from abscesses on the liver, due to the presence of foreign bodies, presumably following injury during the war; in a second case death resulted from a self-inflicted wound in the throat before admission; and in a third broncho-pneumonia supervened on an attempt at suicide by drinking Lysol during absence on trial. The circumstances regarding all these deaths were duly reported to our Board at the time of occurrence.

There have been 17 casualties of a serious but non-fatal character, all in the nature of fractures or dislocations of bones resulting from accidental falls or due to ward turbulence in six instances.

The case books and records were well kept, and during our tour of the wards we found great advantage from the excellently-kept case sheets that were readily available when required.

Mechanical restraint has been employed in the case of five men and four women on 98 and 309 occasions respectively, and 8 men and 70 women have been secluded on 20 and 1,173 occasions.

The present nursing staff is as follows :—

	M.	F.	T.
Chief charge - - - - -	13	17	30
Charge - - - - -	16	17	33
Ordinary - - - - -	125	125	250
Night - - - - -	16	12	28

There are no female nurses employed on the male side. Sixty-three of the male and 57 of the female nurses are in possession of the nursing certificate of the Medico-Psychological Association; whilst 32 men and 21 nurses have passed the preliminary examination.

Dr. Spark has the assistance of seven medical colleagues, two of them being on a temporary footing.

London Mental Hospitals.—2. Bexley.

November 21st, 1923.

We have spent yesterday and to-day visiting this large institution, and can report that it continues to be maintained in very good order throughout.

The wards, dormitories and airing courts are well kept, and there is an adequate supply of various objects to keep the patients interested and amused, the returns relating to employment are satisfactory, the importance of occupation in promoting recovery being fully appreciated.

The patients of both sexes, among whom there is a considerable number of difficult and intractable cases, were generally quiet and well behaved, and appeared to be contented with the condition under which they are living. We had numerous appeals for discharge, but no serious complaints. This general contentment may be largely attributed to the high character of the dietary that is now given and also to the extensive parole that is granted to trustworthy patients. As regards the food, the dietary now given in the mental hospitals of the London County Council is ample as regards quantity and quality, and is sufficiently varied so as to avoid monotony; the breakfasts and teas are never restricted only to bread and margarine. From the returns given to us we notice that as many as 320 of the men have their parole within the grounds, in addition to which many of the women have limited parole within the ward airing courts.

Various matters improving or facilitating administration either have been or are in process of being carried out. A cinematograph is being installed in the recreation hall. In the sanitary space on both sides arrangements are being made to deal more effectively with the foul linen. The means of warming plates in the wards on both sides have been improved. A much-needed new washing machine has been supplied in the laundry, and a Hobart mixer in the main kitchen, in addition to which a good deal of general re-decoration has been carried out.

We were glad to hear that much attention is being given to improving the cut and pattern of the dresses worn by such of the female patients as are able to appreciate these matters, with a view to make them as little institutional as possible. Some of the women are allowed to wear their own clothes—a practice which we should like to see encouraged in suitable cases.

The changes among the patients since our colleagues' visit in May, 1922, comprise the following :—

	M.	F.	T.
Admissions - - - - -	303	269	572
Discharges or removals - - - - -	165	177	342
„ upon recovery - - - - -	78	75	153
Deaths - - - - -	100	74	174

There are now on the books the names of 2,140 patients, 1,041 being of the male and 1,099 of the female sex. Fourteen patients were out on trial. We are glad to notice that considerable use is made of trial by way of testing a patient's fitness for discharge. During the period under review 176 patients were allowed out on trial, and money allowances were granted in just half of the cases so dealt with. The private patients number 121, of whom 83 are "Service" patients, and are being treated with proper kindness and consideration. The reports of representatives of the Ministry of Pensions who have visited these patients are most satisfactory.

Both sides of the institution are now full.

The weekly maintenance rate is 22s. 9d. for home, and from that amount up to 26s. 10d. for private and out-county patients.

The general health has been good, and, except for six cases of enteric fever, five of whom were on the female side, and for five cases of dysentery, there has been no epidemic disease. The origin of the enteric was not discovered. No case has occurred since January last, and we are glad to know that care is taken to prevent the risk of any infection spreading and that stricter precautions in dealing with the foul linen are being introduced. We hope, also, that strict rules will be enforced with regard to the patients' personal cleanliness, especially in washing their hands before meals and before commencing work in such places as the main kitchen, general stores, etc.

All patients who have suffered at any time from enteric fever are, as far as possible, isolated, in case any of them should become carriers of the disease, and we were quite satisfied with the arrangements made for the nursing of infectious cases. At the present time 47 patients (24 male and 23 female) are known to be suffering from tuberculosis—the men being nursed in the male sanatorium and the females in H. 1 ward, in both of which there are excellent facilities for open-air treatment. The numbers notified as suffering from this disease compare very favourably with those of other mental hospitals, being only 7·2 per thousand, as against the mean rate of 17·1 for all mental hospitals.

The chief causes of the 174 deaths were general paralysis in 36 instances (30 males and 6 females), tuberculosis in 15, diseases of the kidney in 13, and heart disease in 11.

Inquests have been held concerning the deaths of three male patients, the verdicts showing that either natural causes or misadventure were the cause, and that no blame in any case attached to any member of the staff.

The death rate for the year ending December 31, 1922, was the low one of 6·8 per cent. for both sexes, that for the present year promises to be even lower.

There have been 23 serious but non-fatal casualties involving fractures or dislocations of bones, the majority of which were due to accidental falls. In five of these a fracture and dislocation of a rib occurred, and concerning all of these a full inquiry was held by Dr. Clarke, and in one case by the Committee, and in none of them was it considered that the nursing staff were in any way to blame.

Since the last visit the numbers of the nursing staff show little change, and the hours of duty are the same. One male ward continues to be nursed by female nurses.

Dr. Clarke has the assistance of Dr. Brander as deputy Medical Superintendent and of six other medical colleagues, one of whom is on a temporary basis.

London Mental Hospitals.—3. Cane Hill.

October 12th, 1923.

We have to-day completed the inspection of this large institution which we commenced yesterday, and can report that it continues to be well maintained and administered for the welfare of the patients.

Since our colleagues' visit nearly twelve months ago the following changes have taken place :—

	M.	F.	T.
Admitted	196	195	391
Discharged or removed	114	117	231
Of whom had recovered	40	46	86
Allowed out on trial	42	48	90
Granted money allowances	33	20	53
Died	83	72	155

Of the above numbers who were discharged not recovered 99 patients were transferred to other institutions, and 36 discharged to the care of their friends under section 79 of the Lunacy Act.

Six men and four women are now out on trial, and when we commenced our visit there were 2,170 patients in residence—921 males and 1,249 females.

Classed as private patients are 107 men and 17 women, 98 of the former being "Service" patients.

There are 17 out-county patients chargeable to 11 various unions.

The weekly maintenance charge has been reduced for both the home and out-county patients from 28s. 7d. to 22s. 9d., and for those of the private class from 28s. 7d.—32s. 8d. to 22s. 9d.—26s. 10d.

The accommodation, having due regard to the day and night space per patient, is for 823 men and 1,187 women, so that at present there is considerable overcrowding on each side—104 patients in excess on the male and 66 on the female. The average number of patients in residence last year was 2,150.

To the best of our belief we have seen all the patients in residence, and given them an opportunity of stating any of their grievances. Apart from appeals for liberty, we received no complaints as to harshness or unkindness on the part of the staff, except in one or two cases which arose from the mental condition of the patients.

Generally, the conduct and behaviour of both sexes were quiet and satisfactory. They were clean and tidy in their personal appearance, and we were glad to note that several of the women were wearing their own out garments, and that the institution dresses were of a more modern style and cut.

The condition of the wards and dormitories was satisfactory, and we are glad to report that several of our colleagues' suggestions have been adopted. The artificial lighting of the single rooms on the female side is being improved; radiators have been fixed, with steam services in the dressing-rooms of the general bath rooms. A pathological laboratory has been provided on the male side, and is in course of being fitted up. At present, however, nothing has been done to improve the arrangements at the mortuary for friends to view the body of a deceased patient.

The alterations in the Medical Superintendent's old house to provide accommodation for the medical and clerical staff, rooms for an assistant Medical Officer and sleeping accommodation for the female nursing staff, have been satisfactorily carried out.

Many improvements have been made of late in the dietary, and it appears now to be physiologically adequate.

The dinner we saw served in some of the wards yesterday consisted of fried or boiled fish, with potatoes, bread and milk pudding. The meat was good in quality and sufficient in quantity; but we could not help regretting that existing kitchen arrangements prevent the universal issue of fried fish, which appeared to us to be much more appetising and attractive than the boiled variety. We were disappointed also to find that the fish was practically cold when it arrived in the wards, and we could not avoid contrasting the condition in this respect with what we found a few days ago at another London County Mental Hospital, where the transit from kitchen to wards was effected under identical conditions. We were informed in explanation that this was due to certain disturbing influences peculiar to the day; but we think that neglect to fill with hot

water the container provided for that purpose in the trolley tins was chiefly to blame. We are of opinion, also, that the consistence of the milk pudding, which resembled a thick white soup, might be improved with advantage.

The defect with regard to cold food was not evident in the dinners provided to-day, which were satisfactory.

The health of the institution was good, and patients generally appeared to be well nourished. Seventy-eight women (6 per cent. of the female population) and 29 men (less than 4 per cent. of the male population) were in bed under suitable conditions of medical and nursing care. About 20 women and six men were under special treatment for mental reasons; the remainder were for the most part either debilitated, senile, general paralytics, or suffering from temporary illness. There was a minimum of serious illness, and no case of dysentery. Patients suffering from tuberculosis numbered 26 in all—14 men and 12 women—a few only of these being under treatment in bed, in verandahs for the most part, or in the isolation hospital. During the period under review there have been 12 cases of enteric fever, all but one on the female side. Close attention has been paid to questions of probable cause, with the result that some “carriers” have been discovered in an infective state and isolated. There were no cases of this disease under treatment to-day, but five women and one man were still under care as convalescents. The “carriers” were isolated so far as opportunity permits in a gallery off one of the female wards. We believe that all reasonable efforts are made to prevent association between these patients and others, but do not regard such arrangements as really adequate or free from danger.

It is interesting to note that the incidence rates for tuberculosis and dysentery for 1922 were below that of the mean of all mental hospitals. New cases of tuberculosis notified during that year showed a per 1,000 incidence rate of 11·2, as against a mean of 17·1, and new cases of dysentery a per 1,000 rate of 3·7, as against a mean of 8·7. The figures for the current year are, of course, not yet available, but there are reasons to anticipate that these figures will not be exceeded for 1923, or, at any rate, not materially so.

Although circumstances have indicated the holding of three inquests, all deaths that have occurred since last visit have been due to natural causes. Of the total number recorded (155), an unusually large proportion—approximately 33 per cent.—were the result of general paralysis, whilst over 22 per cent. were due to heart disease, and about 11 per cent. to tuberculosis.

Post-mortem examinations were held in over 95 per cent. of all deaths.

Serious casualties have numbered 17, all fractures of bones due to accidental causes.

There is no record of the use of mechanical restraint or of seclusion.

The present nursing staff consists of:—

						M.	F.	T.
Charge	...	...	...	...	...	30	41	71
Ordinary	...	...	...	...	...	111	128	239
Night	...	...	...	...	...	17	23	40

Sixty-five of the male and 53 of the female nurses are in possession of the nursing certificate of the Medico-Psychological Association, whilst 40 other men and 39 women have passed the preliminary examination.

In the absence of the Medical Superintendent, Dr. Elgee, who is away on holiday, we found Dr. Pearn in charge, and he and his colleagues gave us all the information we required.

London Mental Hospitals.—4. Claybury.

December 11th, 1923.

A gratifying and encouraging spirit of progress has impressed itself on us in the course of our visits yesterday and to-day to this large

hospital. Though it possesses in its design and subsequent organisation many excellent arrangements, it has lacked facilities to meet certain requirements which were not to the fore when the hospital was opened 30 years ago. Some of these—for example, a combined operating and dental room—have been made good, but there are a number of other improvements which we have discussed with Dr. Barham and which it is no small satisfaction to us to find, are under consideration now with a view to their being immediately taken in hand.

Among these improvements, foremost is more adequate means of (a) separating recent and presumably recoverable cases, during the periods of both active treatment and convalescence, from others of a protracted nature, some of whom acquire habits and mannerisms of an unpleasant type; and (b) further subdividing these recent cases so that those who, though perhaps in need of close supervision, are quiet and tranquil, will not be disturbed by the acute excitement and other distressing symptoms which a proportion of recent cases themselves manifest. Considerable stress was laid upon this matter last year by our colleagues. The arrangements that have since been made, especially by still further attention to classification and the setting apart of two wards on each side for admission purposes, are a great improvement, and our Board will welcome the plans of a detached building, which Dr. Barham tells us his Committee are likely soon to forward with a view to a still further development of this important matter.

Good classification is, however, always hindered by overcrowding, so that it is very desirable that the number—110 on the male and 95 on the female side—by which the patients now exceed the estimated accommodation (night space) shall be borne in mind, and that the necessary adjustment shall be made at the earliest practicable date. When this happens we hope that opportunity will be taken to set aside in each ward a clinical room, conveniently situated for the purpose for which the ward is used—such a room, as respects the admission and infirmary wards, should in our opinion be contiguous to the nursing dormitories. Commendable effort is already being made to provide some of these rooms. At present, space for 97 patients is allotted to female nurses.

The enlargement of the laboratory, the present room being much too cramped, is another matter under immediate consideration; we are very glad to hear of this, and that a technical assistant to work under the medical staff has been appointed. Similarly, a dental room separate from the one for surgical operations, and of a treatment room for massage, and the application of electricity, is likely to be provided.

Among improvements completed may be mentioned—a new refrigerating plant with room for meat and milk, taking the place of ice storage; gas ovens for heating plates have been fixed in all wards; a Hobart mixer installed in the main kitchen; a good lecture room, well supplied with writing desks, has been fitted up; and additional lighting has been added to the photographic room. The electric lighting of the wards is being improved by the use of inverted shades, the effect of which, from what we saw yesterday evening, is both efficient and pleasing.

The value of allowing parole to trustworthy patients is fully recognised here; 122 men have this privilege within the grounds. We were very glad to notice that male ward 'V,' accommodating 111 patients, is now run definitely as an open-door ward, and the grounds just outside have been laid out with much taste, largely by the patients themselves, and include a recently-made bowling green. Patients in this ward can, on application, have a small allotment on which they may grow such vegetables or flowers as they wish, and several have availed themselves of this privilege. When visiting these allotments we learnt with satisfaction that the field, which adjoins the ward gardens on the male side, is to be devoted as an additional recreation ground, where the better conducted patients from the ward gardens will be allowed to go for exercise and games. We should also like to see some form of outdoor games arranged for in each garden. These gardens are being improved

by the planting of shrubberies and provision of paths, thereby reducing the large bare plots of asphalt.

The condition in which we found the day-rooms and dormitories was very satisfactory. Those rooms occupied by the patients were well warmed, and presented a very comfortable appearance. The stops from a considerable number of the windows have been removed, and the removal of others is contemplated.

Since our colleagues' visit just upon a year ago, the following changes have occurred among the patients :—

	M.	F.	T.
Admitted - - - - -	199	208	407
Discharged or removed - -	125	168	293
of whom had recovered - -	55	83	138
of whom transferred to other care	37	49	86
of whom discharged to care of friends - - - - -	33	36	69
Allowed out on trial - - -	57	107	164
of whom granted allowances -	27	25	52
Died - - - - -	75	75	150

There were, when we commenced our visit, on the statutory books the names of 2,461 patients in the proportion of 1,091 men to 1,370 women. Of these, 210 men and 24 women are classified as private patients, 146 of the former being of the "Service" class. Out-county patients number seven—two males and five females.

The present maintenance charge for home and out-county patients is 22s. 9d. per week, that for the private patients is from that sum to 66s. 6d.

Three men and 11 women are now out on trial, leaving 2,447 patients in residence, all of whom to the best of our belief have been seen by one or the other of us during the course of our visit, and given an opportunity of speaking with us and stating any grievance. Throughout both sides we found the patients very well behaved and contented, and, apart as usual from some appeals for discharge, we did not receive any complaint of harshness or unkindness on the part of the staff.

They were clean and tidy in their personal appearance, and we were glad to notice that the style and cut of the women's dresses were on modern lines.

The beds and bedding in the dormitories and single rooms were clean, sufficient, and neatly arranged.

The death rate during 1922 was 8·2 and, a somewhat unusual fact, was practically the same for each sex.

The 150 deaths—75 of each sex, which have occurred during the period under review were, with three exceptions, all due to natural causes, verified by post-mortem examination in 88 per cent. Of the three excepted cases, each of which was the subject of an inquest, two cases were instances of suicide and one was due to suffocation in a convulsive seizure. General paralysis was the cause in 37 per cent. of the male and 12 per cent. of the female deaths; and as, according to the last returns there were 55 male and 18 female patients here suffering from that disease, we were glad to notice the trial that is being made of treating some of them by "induced pyrexia." Malignant disease was the cause in 9·3 per cent. of the deaths—a somewhat high proportion which accentuates the thought that has occurred to us whether facts as to these cases would not be of service in organised "Cancer Research."

Infective disorders, apart from the incidence of tuberculosis, have been limited to 11 male and 14 female cases (all patients) of dysentery, from which nine men and three women are at present suffering. That some of these cases have occurred at Claybury Hall is somewhat remarkable. Great pains have been taken in the matter of disinfection, &c., both on the lines of our Board's circular and in other ways that have been initiated here; the cases are also carefully studied bacteriologically. Of

tuberculosis, besides 12 per cent. of the deaths being due to this disease, there are at present 20 cases on the male and 16 on the female side under observation and treatment. For some of these cases the isolation hospital is in use, but the plan for converting the disused central laboratory into a sanatorium has not yet matured; we hope it will not be lost sight of.

We saw 44 men and 84 women under treatment in bed—that is, scarcely 6 per cent. of the total in residence. From the enquiries we made into each of these 128 cases, and from the many pleasing evidences we saw of good hospital arrangements in the sick wards, we have no doubt that a really high standard of medical attention and nursing is maintained.

We saw a good dinner, yesterday, consisting of roast beef and pork, with cabbage and potatoes, followed by marmalade roll pudding being partaken of in some of the wards, and to-day's dinner of roast beef and vegetables, followed by custard and apricots, being served out in the main kitchen. A commendable attempt to vary the monotony of the breakfast and tea meals has been made.

The present nursing staff consists of :—

	M.	F.	T.
Chief charge - - - -	19	24	43
Charge - - - -	20	21	41
Ordinary - - - -	127	153	280
Night - - - -	16	18	34

No female nurses are employed on the male side.

Fifty-eight of the male and 37 of the women nurses are in possession of the nursing certificate of the Medico-Psychological Association; and a further 68 and 42 respectively have passed its preliminary examination. In this connection we are especially glad to hear that an additional Assistant Matron, who has had general as well as mental hospital training, has been appointed to perform the duties of a Sister Tutor. We are sure, too, that the recent appointment here of a Social Visitor is a valuable move.

As medical colleagues, Dr. Barham has to assist him Dr. F. Paine (as Deputy Superintendent), Dr. H. W. Parnis—both of whom, we are glad to know, have succeeded in obtaining the Diploma in Psychological Medicine, and five other medical officers, one of whom is on a temporary footing.

London County Mental Hospitals.—5. Colney Hatch.

June 8th, 1923.

From our personal observation and our conversations with many inmates in the course of our visit throughout yesterday and to-day, we doubt not that the patients are considerably and well cared for. There, were, as might be expected in so large an institution, not a few appeals to us to interest ourselves in the discharge of patients, but for the most part from persons who appeared to us quite unfit to live a normal outside life.

Those who had an insight into their mental state, and who were in a condition to appreciate their surroundings and what was being done for them, appeared to be well content with their lot, and we received no complaints as to their treatment or diet.

Patients, on both sides, are permitted in limited numbers and in suitable cases to sit up beyond the usual retiring hours, and on the male side there are what are looked upon as "Club Wards," and parole of the grounds is given with some freedom. We think, however, that some use might be made of the open-door system in those wards where the most trusted patients reside, and that the windows on the lower floors might be unblocked.

The arrangements which have been made for affording greater privacy in the bathing of the female patients are satisfactory; but as we know that many object to spray baths, we should like to learn that those who desire it may be allowed the use of the ordinary baths.

The patients were suitably clothed, and we are glad to learn that, where arrangements can be made, patients will in future be allowed to wear their own clothes.

A considerable amount of redecoration has been carried out, and we found the wards, beds and dormitories in capital order. It is satisfactory to learn that the Committee have under consideration the future of Male Ward D, which contrasts unfavourably with the rest of the institution, and we trust that it will not be long before this matter is practically taken in hand.

There is one point as to which we desire to direct the Committee's immediate attention—it has been commented upon in former reports and has, we understand, been already under consideration. It is the provision of an admission villa, with its corresponding convalescent accommodation on the male side. The absence of this mode of treating early and recoverable cases on the male side is more pronounced from the fact that admirable accommodation of this character already exists on the female side. We trust that, at an early date, the erection of an admission hospital will be taken in hand. Until that can be carried out, we should like to see arrangements made for the removal from the boys' villa of the younger and trainable boys to the Manor, as we thought that at least a number of them might well be dealt with under the Mental Deficiency Act. Were this done, the older and the untrainable cases could, we think, be provided for in the main building, and this villa be used as an admission ward until such time as a new villa has been provided, when it could be used as a convalescent ward and as an adjunct to the new villa.

Since 1st December, 1922, there have been 289 admissions; 143 patients have been removed or discharged, 67 on recovery; and 112 have died. Those allowed out on trial number 62, and to 27 of these money allowances were granted. There were on the statutory books the names of 2,606 patients—males 1,047, females 1,559—of whom 105 are classed as private patients. There are 84 Service patients, who, as the others, appear to be properly cared for and supervised. The out-county patients number 14, chargeable to their respective Unions.

Five patients are on trial, leaving in residence 2,601—males 1,044, females 1,557—all of whom, we believe, we have seen.

There is but one vacancy on the male side, and on the female side there is an excess of 68 patients. The maintenance charge is 25s. 8d. for home and out-county patients, and for private patients from 25s. 8d.—29s. 9d. per week.

There is no record of any mechanical restraint.

The staff consists of: Charge and ordinary attendants, 186, charge and ordinary nurses, 214, for day duty; and for night, 17 of the former and 30 of the latter.

During the period under review, except for one case of dysentery on the male side, the institution has been quite free from epidemic disease, and generally the health of the patients has been good. The patients known to be suffering from tubercular disease number 40—men 17, women 23, and this disease accounted for 12 of the 112 deaths. All infected cases are, as far as possible, segregated from others, the men in Ward C5 and the women in Villa 7, and we are quite satisfied with the arrangements made for their care and nursing. We are glad to learn that tanks with live steam for the purpose of treating the foul linen are to be placed in position.

Patients who have recovered from enteric fever or dysentery are carefully watched and separated from others, in case they may become "carriers" or in any way likely to spread infection.

Apart from tuberculosis, the chief causes of the deaths have been heart disease in 36 instances, kidney disease in 18, and general paralysis in 16, and the cause was verified by post-mortem in 95 of the cases. The death rate for the year ending 31st December last was somewhat higher than in 1921, but cannot be considered to be in any way unsatisfactory

The figures were, for the men 10·03 per cent., and for women 9·0 per cent., or a total of 9·54 per cent. for both sexes, as compared with 8·8 per cent. for the previous year.

Only one inquest has been held, and this was concerning the death of a patient whom the verdict showed to have died from natural causes.

Dr. Gilfillan, who we are glad to see has again returned to his work after a somewhat prolonged period of illness, continues to administer the institution in the best interests of the patients, and has the assistance of six permanent and two temporary medical officers.

London Mental Hospitals.—6. Hanwell.

October 30th, 1923.

We have to-day completed the inspection of this large institution which we commenced yesterday, and can report that it continues to be ably administered and carried on for the well-being of those resident therein. Generally, we are very satisfied with what we have seen, and believe that although the institution was built as long ago as 1831, that everything has been and is being done to make it respond to modern requirements.

Since our colleagues' visit nearly 12 months ago, the following numerical changes have taken place among the patients :—

	M.	F.	T.
Admitted - - - - -	258	260	518
Discharged or removed - -	165	166	331
of whom had recovered - -	64	81	145
Allowed out on trial - - -	71	93	164
to whom money allowances given	47	40	87
Died - - - - -	95	73	168

Of the above number, 331, who were discharged, 131 represent patients removed to other mental institutions, and 46—14 males and 32 females—discharged to the care of their friends under sections 72 and 79 of the Lunacy Act, 1890. There are now out on trial 11 men and nine women, and we are glad to notice that the Committee are making liberal use of their powers in this respect under section 55, and of granting money allowances.

There were when we commenced our visit the names of 2,500 patients on the books, in the proportion of 1,008 males to 1,492 females. Private patients number 109 men and 29 women, 102 of the former being "Service" patients. Four men and 17 women are out-county patients, chargeable to 18 various provincial unions.

The weekly maintenance rate has been reduced for the home and out-county patients from 28s. 7d. to 22s. 9d., and for private patients from 28s. 7d.—32s. 8d. to 22s. 9d.—26s. 10d.

There are now in residence 997 men and 1,483 women—a total of 2,480. The average number resident during the year ended 31st December last was 1,008 men and 1,492 women—2,500 in all. The accommodation, as at present arranged, is for 908 male cases and for 1,380 female cases, so that at present there is overcrowding to the extent of 89 male and 103 female patients.

To the best of our belief, we have seen and given an opportunity of speaking to us all the patients in residence; and though we received a number of representations for discharge, we had no complaints of harshness or ill-usage on the part of the staff. In fact, many who asked for their release stated that they had been treated with kindness and consideration whilst here.

The dress and personal appearance of the patients on both sides were satisfactory, and we were glad to notice that an improvement had been made in the cut and style of the women's dresses. A very fair supply of dressing gowns and slippers has been provided, but the institution of slippers for every patient presents considerable administrative difficulties,

because of the absence of boot rooms and because access to so many wards is through other wards.

The stock of hair brushes and combs is now good; but in some wards a considerable portion of the supply is not in use, but kept in the store rooms.

We found the wards very comfortable and well kept. The dormitories were tidy and the beds and bedding well kept and in good condition. There were fires in a good many rooms and galleries, as well as steam-heated radiators, but the steam pipes in the few single rooms that have them were not very warm. Attention is being given to the better lighting of some of the single rooms, and we saw a sample gas installation in one room in a female ward. We wonder whether, assuming current is fairly accessible, consideration might not be given to lighting some of these rooms by electricity, without necessarily adopting any general scheme for the lighting of the whole institution by that means.

We suggest that glazed letter-boxes might be provided in the day rooms, not that we are dissatisfied with the existing arrangements for the posting of patients' letters, but for the satisfaction of certain types who are suspicious of the good faith of the staff.

We understand that plans for the construction of an operating room are being prepared, and will in due course, when approved by the Visiting Committee, be submitted to our Board.

The amount of land for this large institution is not great, and we regret to notice that some of the leasehold ground is being lost. At present the freehold land consists of 80 acres on which the hospital and grounds stand, and 5 acres in the Brent meadows. There are also 94 acres held on leasehold; 12 acres of the "Jackalls Field" will be taken away next year, and one acre will be taken this year for road widening and another two acres for a garage.

From last year's annual returns we notice that the attendance at the Church of England services was very low, only 11 per cent.; the attendance also at the weekly entertainments was low, but this we learn was due to the small hall. There is an excellent proportion of the men working on the farm and gardens, but we should like to see more of the women employed in the laundry.

With the exception of one case of fracture of the skull caused by a fall (probably with suicidal intent) and which was the subject of an inquest, all the 95 male and 73 female deaths were from natural causes, verified by post-mortem examination in the very good proportion of 88 per cent. of the total 168 deaths. Carcinoma was the cause of as many as 13 per cent. of the female deaths, 9 per cent. taking both sexes together, and senile decay and general paralysis each accounted for no less than 25 per cent. of the total deaths, the percentage of the last-named disease rising to 35 per cent. of the deaths on the male side. The death-rate during 1922 was 7.6 per cent. (males 9.1, females 6.6), as against 6.6 during 1921.

The high percentage of senile cases, and the number of similar cases we saw in bed, some of whom we ascertained have been quiet and free from acute mental symptoms for two or more years, led us to ask if certain of these cases could not be removed to one of the Metropolitan Asylum Board's institutions; it seems, however, that owing to the accessibility of Hanwell the friends much prefer their relatives to remain here.

The heavy incidence of general paralysis accentuated the interest with which we enquired about and examined some of the eight male and six female cases of this disorder which have been treated here by "induced pyrexia," malarial inoculations being employed for the purpose, besides which some other inoculations have been given for three of the Council's other mental hospitals. At the end of last year there were 36 male and seven female general paralytics here, and it is hoped to extend the treatment to such of these that remain, and to others since admitted. It is too early yet to speak of results, but we are glad to see these energetic

efforts to treat what has hitherto been regarded as an almost always fatal malady.

We have also been very pleased to see the amount of laboratory work which has been overtaken and is now in progress here. Though it includes a certain amount of section-cutting, it has been mainly in aid of clinical study and diagnosis, the value of which is thereby much enhanced. It has included, among other important matters, the bacteriological examination of 146 cases that have at some time or other suffered from dysentery whose classification and, where necessary, segregation can thereby be effected with much greater safety. All this work is no small credit to the medical officers, who, amidst their clinical and other duties, find time for this.

In other directions, too, we are very well satisfied with the standard of the clinical work and of the nursing conducted here. The replies we had from the nurses, male and female, about the many cases as to whom we made enquiries indicated an excellent individual knowledge of their patients, and that their training in mental nursing is sound. We hope that the proposed provision of clinical rooms, preferably in every ward, but at least in the infirmary, and admission wards, will mature; and that consideration will be given to the installation of easy means of giving "continuous baths"; we saw several cases we thought might have benefited by this form of treatment, and we also notice that there have been nine fatal cases of exhaustion from acute mental symptoms. The number of patients we saw in bed was 282 (80 on the male and 202 on the female side), that is, 11 per cent. of the total in residence.

Incidence of infective disorder has been small. Apart from tuberculosis, of which there were eight deaths and there are now five cases on the male and 24 on the female side, and four cases among the staff, it has been confined to nine cases of dysentery (including one nurse), three of whom are still under treatment.

Mechanical restraint has been employed in the case of one man once, and in the cases of two women on 40 occasions. Fifteen men and 74 women have been secluded on 112 and 573 occasions, respectively.

We had not the slightest complaint as to food; nor, judging by the excellent meals we saw in the wards, the care being taken in the kitchen, and our examination of the dietary scale, do we think there is room for other than satisfaction.

The present nursing staff consists of:—

					M.	F.	T.
Charge	-	-	-	-	37	52	89
Ordinary	-	-	-	-	122	162	284
Night	-	-	-	-	15	27	42

Dr. Daniel has to assist him Dr. Tattersall as Deputy Medical Superintendent, in whose absence owing to ill-health Dr. W. Moodie is acting, and six other medical officers, two of whom are on a temporary footing. We take pleasure in recording that all the members of the permanent assistant medical staff possess the diploma of Psychological Medicine.

London Mental Hospitals.—7. Horton.

November 9th, 1923.

We have spent yesterday and to-day in visiting this large institution, which is maintained throughout in first-rate order. All the day rooms, dormitories and airing courts are very well kept, and the general comfort of the patients is carefully attended to.

The improvement of the general administration is receiving close attention, and good progress is being made in many directions. The satisfactory classification of the patients is much impeded by the fact that, with the exception of Hospital B, all the detached villas are at present occupied by the male patients. We hope that it may be found possible eventually to remove all the men to other accommodation within the grounds. To

enable this to be done some new buildings will be required, but, considering the type of male patient whom it is proposed to retain here, these need only be of the simplest and least expensive character. On the other hand, the female population consists of all types and varieties of mental disorder, and under the most favourable circumstances their classification on the best lines would present many problems and difficulties.

A large volume of first-rate medical work is being carried out, much of which is of great interest and importance, and worthy of much fuller mention than can be made in our present entry.

The changes among the patients since our colleagues' visit in July, 1922, are the following :—

	M.	F.	T.
Admissions - - - - -	12	521	533
Discharges or removals - - - - -	3	190	193
„ upon recovery - - - - -	—	93	93
Deaths - - - - -	8	105	113

There are to-day on the books the names of 187 men and 1,641 women making a total of 1,828 patients, all but three of whom were in residence, and had the opportunity of speaking to us to-day. The hospital is practically full as regards the accommodation for men, and there are vacancies for 85 women at present. There are 172 private patients, all of the female sex, the majority of whom are housed in two wards on the female side, and seemed to be comfortable. The patients chargeable to out-county unions are seven in number.

The patients generally had a well-cared-for appearance, and were well behaved and free from complaints—in fact, apart from the subject of discharge, we received no serious complaints. Much is done to promote their happiness. There is a plentiful supply of books, papers, games and various objects to interest and amuse them. The cinematograph installation now under order will no doubt prove a welcome addition. Close attention is being paid to improve the materials and cut of the women's clothing. We were shown patterns of new underclothing which are a considerable advance on that formerly used, and we were glad to hear that patients are being given the opportunity of selecting the dresses they prefer, and all patients are allowed and encouraged to wear their own clothes. The appointment of an occupational instructor, which is in course of being made, is an excellent move, and its progress will be watched with much interest. We are sure that there are many advances in this direction, some of which we discussed with Col. Lord, in which progress may be made. The revival of drill for the patients is also satisfactory.

Much care is given to encourage patients in habits of personal cleanliness, such as washing their hands before meals and on other occasions, and in giving proper attention to their teeth. In this connection we may mention the appointment of a dental surgeon, who visits one day a week. Close examination is made into the condition of the teeth of all newly admitted cases. Our Board's suggestions as to the treatment of foul linen have been followed out in the main. We should like to see a pipe conveying hot steam fitted to the tank in the yard of the foul laundry.

We paid close attention to the dietary table. In this hospital, as in all the mental hospitals of the London County Council, a dietary has been devised which is ample in nutritional value, and affords a constant variety, not only at the dinners, but also at the breakfasts and the teas. From remarks made to us by patients, it was evident that the care given to the food is well known and appreciated.

Casualties of at all a serious nature amounted to 29 cases of fracture. In three of them the cause could not be ascertained with certainty, but each of the others was the result of simple accident, and from inquiries we made, we have no reason to doubt the accidental nature of the three in question.

The fact that the number of these occurrences is comparatively high has a special interest; for the precise nature of some of them, including

a partial fracture through the pelvis, was revealed only by X-ray examination; and as mobility was not always impaired, some of these cases would have been regarded as evidence of bruising only. We regard this information as of no small interest and importance; it has led us to suggest to Col. Lord the desirability of an X-ray plate being taken, if possible, of every patient on admission; it also strengthens us in our wish to see an X-ray installation in every mental hospital, although, of course, the exact diagnosis of injuries is only one of its advantages. We were shown, indeed, a number of plates which indicate that it is steadily being employed here for the elucidation of various medical problems. It is also being used for actual treatment in certain conditions, as are also other forms of rays apparatus for which exists here.

All the eight male and 105 female deaths, one of which was the subject of an inquest, were from natural causes, verified by post-mortem examination, in the very good proportion of 85 per cent. of the total number. The statistics of the few male cases call for no comment. Rather more than 20 per cent. of the female deaths were from senile decay. This fact, and the nature of some of the senile cases we saw and others, in bed or up and about, suggest that, if there are suitable vacancies in the Metropolitan Asylums Board's institutions, the removal thereto of some of these cases might give additional accommodation here. The arrangements we saw in the mortuary for viewing deceased patients by their relatives and friends we thought most seemly and suitable.

The death-rate among the women (it is scarcely profitable to quote that for the men, all of whom are supposed to be of the able-bodied class) was 6·2 per cent. last year and 6·7 per cent. in 1921. Infective disorders, excluding tuberculosis, of which there were 2 male and 11 female cases among the deaths, and of which there are now, so far as known, 24 female cases and one male case of so-called surgical variety, have been limited to 17 cases of influenza, including 4 staff, 3 cases of enteric fever (1 still under treatment), and 3 of dysentery—all 23 being on the female side.

There were two men and 125 women in bed, the latter number being 7·6 per cent. of the female patients in residence, and of these women about 26 were senile or organic cases, and some 30 were in bed by reason of their mental state, including several recent admissions. About 15 were in bed in the open air under the verandahs. We thought that the arrangements for such nursing were excellent, and our inquiries concerning each patient in bed fully satisfied us as to the high standard of the medical and nursing attention given to the patients. The foregoing figures and the appearance of the patients generally lead us to believe that the general health of the institution is very good. The clinical records kept by the medical staff and the charts kept by the nurses all show evidence of painstaking work. As to the former, we should like to see an effort made to include a physical examination of each patient at least once a year as an aid to early diagnosis, especially of such conditions as tuberculosis and new growth.

We were particularly pleased to find how great is the use made of the laboratory as an aid to clinical work.

With our visit to Long Grove fresh in our minds, and mindful of the close contiguity of the Manor, Ewell Colony and West Park Hospital (shortly to be opened), which together will contain between 7,000 and 8,000 beds, the thought occurs to us that there exists on the Council's Epsom estate a magnificent, probably unique, opportunity for locally organised study and research in mental disorders, and which is of not less importance, for the prosecution on comprehensive lines of routine application of laboratory inquiry as an aid to complete physical examination. While we are of opinion that each of these five institutions should have its own small clinical laboratory, it does seem to us that such an immense clinical field all situated on the same estate, should sometime also have a fully equipped and highly organised laboratory conveniently situated for access from each of the five institutions in which the principal work might, perhaps, be done by medical officers specially skilled in the work, whose

services, proportionately allotted, would be available to each of the five Medical Superintendents, and whose work would also be affiliated with that at the central laboratory in London.

It only remains to say that the present weekly maintenance rate is now 22s. 9d. per head per week; private patients are received at rates varying from 26s. 10d. to 35s.

Col. Lord has as medical colleagues the services of Major R. G. Riches as acting Deputy Medical Superintendent and of five other permanent and two temporary colleagues.

London Mental Hospitals.—8. Long Grove, Epsom.

November 2nd, 1923.

We have yesterday and to-day visited this hospital, which is maintained in excellent order throughout. The patients generally had a well-cared for appearance, and were remarkably free from complaints; as is natural, many are unable to appreciate the necessity for further detention, but apart from this subject there seemed to be a very satisfactory feeling of contentment prevailing. The wards are very well kept and comfortable, the ward gardens are attractive, and the beds and bedding leave nothing to be desired.

Since the last visit in July, 1922, there have been the following changes among the patients :—

	M.	F.	T.
Admissions - - - - -	230	232	462
Discharges or removals - - -	121	140	261
Discharges upon recovery - -	31	55	86
Deaths - - - - -	80	73	153

The numbers on the books are 2,118 of whom 1,093 are of the male and 1,025 of the female sex, the institution being practically full on both sides. Nine patients were absent on trial and it is satisfactory to observe that during the period under review the practice of granting money allowances to patients while on trial has been very considerably extended and shows an increase on previous figures of nearly 50 per cent.; this is a point to which our Board attach much importance.

The private patients number 192 (169 male and 23 female)—of the men 150 are “Service” patients to whom we gave close attention; they appeared to be well and considerably cared for, and the numbers to whom the special allowance of 2s. 6d. a week in money or in kind is made has been considerably increased in accordance with the wishes of the Minister of Pensions.

The weekly maintenance charges are 22s. 9d. for home patients, out-county and private patients being received at rates varying from 22s. 9d. to 26s. 10d.

It is gratifying to observe the attention which has been given to the important matter of the dietary. The rota is now a monthly instead of a weekly one; there is a second course each day for dinner, and by the introduction daily at breakfast of such articles as porridge, marmalade, sausage, brawn, and beef brisket, and at tea of jam, honey, meat paste and cake, monotony has been completely eliminated. A light supper ration is also given to all patients who care to avail themselves of the permission freely accorded to sit up till 9 p.m. Judging by the excellent dinner we saw yesterday and to-day and the tea yesterday, we are not surprised that we heard no dissatisfaction on the score of the food. We were pleased, too, to notice that in most of the wards the tea itself, instead of being supplied from urns, is served in tea pots, the milk and sugar being placed separately on the table; and that as respects the admission hospital and all the villas, full use is made of their first-rate kitchen and domestic arrangements which enable all meals to be cooked in these units.

Full advantage is also taken of the admirable facilities provided here for classification. Exemplifying this we may cite such facts as that every

patient bodily ill was in an appropriate infirmary ward—a practice which promotes economy as well as efficiency of treatment—and that to the detached villas intended either for quiet industrious and trustworthy patients, or for patients who, in addition to this character are also convalescing, no patient is sent who does not fall within these categories; thus enabling all these valuable units to be run on the open-door principle and though none of the female patients have parole, close upon one-fifth of the men have this privilege within the grounds. A few of the men are allowed parole beyond the grounds. In relation to classification we could not help regretting the loss of nearly 100 beds by the conversion of wards H.2 and J.2 into cubicles for nurses, and, as mentioned by our colleagues, the absence on the female side of a villa corresponding to the sanatorium on the male side.

We think that some further improvements are possible as regards the women's clothing. We should like to see more of the women making and selecting the materials for their own dresses and such minor garments as jumpers, which are now so popular; more patients of both sexes, if suitable, might be allowed to wear their own clothes if their friends are willing to supply them.

One of the male deaths was due to suicide by hanging, under circumstances reported at the time to our Board, and was the subject of one of the two inquests which have been held. Apart from this case, and excepting, perhaps, the case of a woman whose death was due to heat stroke, all the deaths were from natural causes—verified by post-mortem examination in the excellent proportion of 94 per cent. of the total number of 153 deaths. Cancer was the cause in as many as 8 per cent. of the female deaths, and in 2.5 per cent. of the males. Senile decay as a cause was returned in only one instance; but cardio vascular degeneration was the cause in 23 per cent., and heart disease in 9 per cent. General paralysis, which was the cause in 12 per cent. of the female deaths, accounted for no less than 41 per cent. of the males. Tuberculosis was the cause in 9 per cent. in about equal proportions as to sex.

Incidence of tuberculosis, apart from the 14 fatal cases, is so far as ascertained, limited at present to 19 cases on the male and 8 on the female side, besides two of each sex among the nursing staff, and is rather less than the average in other institutions. Two of the staff cases are having open air treatment under verandahs; practically all the patients so affected are being similarly treated, and due care as to their segregation is taken.

Other infectious cases have been confined to 6 sporadic cases (all females, and including one nurse) of enteric fever—the nurse being still under treatment, but no case having occurred among the patients since last January; 5 cases of lobar pneumonia, one of erysipelas and 5 cases (all male patients) of dysentery. Besides these 5 cases diagnosed as dysentery and omitting cases known to be tubercular in origin, there have been some 18 male and 25 female cases of diarrhoea, 17 of which in all have been fatal. In the absence of a technical assistant for the laboratory—where, however, some useful work is in progress, notably in connection with blood examination—it has not been possible to supplement clinical by bacteriological examination, but it is hoped this will shortly be arranged for.

The foregoing figures, coupled with the low death rate (of the total in residence 6 per cent. last year and 5.9 per cent. in 1921), and the generally healthy appearance of the patients lead us to believe that their general health is good.

We saw 51 male and 78 female patients in bed, that is 6 per cent. of the total in residence, and a considerable proportion of these were rightly being treated by rest in bed for acute mental symptoms or as recent cases. Full information was readily forthcoming about each of these from the nursing as well as the medical staff, which satisfied us that they are in receipt of first rate care and attention. We were particularly glad to find

that the use of clinical rooms which formerly was confined to the admission hospital has been extended to practically every ward in the institution.

The clinical records continue to be kept on a high standard and the other statutory books and registers are all in admirable order.

Casualties of a serious nature have been few—nine in all. Two were examples of accidents which must be expected to occur in risks taken—in our view properly so—to secure due employment of the patients; a man sustained a fracture of the base of the skull by a fall while window cleaning, but fortunately made a good recovery, and another broke his collar bone while working with the painters; four were sustained during struggles, the outcome of excitement and violence, and three were the result of accidental falls, two being during fits. In one instance the diagnosis was made under X-rays. When these are employed patients are by arrangement taken over to Horton Mental Hospital, where there is an installation. With the growing use of X-rays as an aid to routine medical diagnosis and the investigation of metabolism—knowledge as to which seems of increasing importance in mental disorders—we hope that some day this hospital will have its own installation and that in conjunction with its facilities for hydrotherapy, of which good use is made, addition will also be made to its electro-therapeutic resources.

Of various small administrative improvements we may mention the provision of an automatic guard to the kneading machine in the bakery, the removal from the wards of some 34 unnecessary grates and overmantels to the new Mental Hospital now in process of erection, and the provision of wash basins in the main kitchen and foul laundry.

Nothing in the miscellaneous returns, made annually to our Board, requires special mention. The nursing staff is a strong one and there has been no change since the last visit in the conditions of their employment.

Dr. Ogilvy has to assist him as medical colleagues Dr. J. E. Martin as deputy superintendent, and six other medical officers, one of whom is on a temporary footing. Four members of the medical staff hold the diploma in Psychological Medicine.

London Mental Hospitals.—9. The Maudsley Hospital.

October 25th, 1923.

This hospital, to which we have to-day paid the first official visit on behalf of the Board of Control, owes its foundation to the inspired conceptions, initiative and munificence of the late Dr. Henry Maudsley, intimately associated with whom in maturing and formulating these conceptions was Sir Frederick Mott, at that time Director of the Central Laboratory of the London County Mental Hospitals at Claybury.

In 1907 Dr. Maudsley offered to the London County Council £30,000 towards the erection of a hospital with the following main objects:—

- (1) The early treatment of cases of incipient and curable mental disorder.
- (2) The promotion of scientific research into the causes and pathology of mental disorder with a view to prevention and treatment; and
- (3) The provision of better and more organised facilities for clinical instruction in psychological medicine.

One of the conditions of the gift, which indeed led to some difficulty and delay, was that the site of the hospital should be within four miles of Charing Cross. However, in 1911 the present site of 4½ acres, conveniently situated opposite to the King's College Hospital on Denmark Hill, was acquired; the hospital designed by Mr. Wm. C. Clifford Smith, engineer to the Mental Hospitals Committee, was approaching completion on the outbreak of war. In May, 1915, with Dr. Maudsley's approval, the completed but unfurnished building was lent for the treatment of those suffering from nervous disorders arising out of the war, and continued

to be used for this purpose by the War Office until August, 1919, and by the Ministry of Pensions from then until October, 1920.

Dr. Maudsley died in January, 1918, leaving by his will a further £10,000 for the purpose of the hospital.

In January of the present year the hospital reverted to the purposes for which it was originally intended, and was formally opened by Sir Arthur Griffith-Boscawen, then the Minister of Health.

For the important position for medical superintendent, with which is necessarily bound up much of the success of the hospital, the Council appointed Dr. Edward Mapother (M.D. Lond., F.R.C.S., M.R.C.P.), formerly deputy superintendent of the Long Grove Mental Hospital. From what we have seen to-day and from our previous knowledge of his work, we have confidence that Dr. Mapother will bring to his duties here plenty of energy and medical attainments of a high order.

At the present time under the existing law, public mental hospitals are unable to receive patients as voluntary boarders—a limitation which is generally deplored and which will, we hope, be speedily removed by legislation. This was felt to be a serious handicap for such an institution as the Maudsley. Accordingly in 1915 the London County Council applied to and obtained from Parliament a Special Act which enables them to receive and lodge as boarders and maintain and treat at the Maudsley Hospital on such terms and conditions as to payment and otherwise as they may determine, persons suffering from incipient insanity or mental infirmity who are desirous of voluntarily submitting themselves to treatment. Under the Act the Council or any Board of Guardians in the county are enabled to defray the whole or any part of the expenses of maintaining and treating such persons as voluntary boarders.

Under the arrangements at present in force the hospital is reserved entirely for voluntary cases, no patient being admitted there under certificate, nor certified there either for retention or for transfer to another mental hospital. When any case admitted as a voluntary boarder is considered unfit for the hospital, the friends, or, where necessary, the relieving officer of the Union to which it is chargeable, is communicated with and the patient is removed.

Provisional rules and regulations relating to various matters in connection with the reception of patients and the records to be kept have been agreed between the Council and our Board.

The hospital consists of an out-patient department and inside accommodation for 157 in-patients.

The out-patient department, open at first on two and now on four afternoons a week, supplemented by patients recommended by their doctors, and by arrangements with Guardians of Poor Law infirmaries, is the main channel of admission to the hospital, besides which many patients are treated here without the necessity of becoming in-patients. We spent some time in this department, and were interested in seeing the good arrangements that have been made in it for the examination, record-taking and treatment of patients attending. These, including 199 now in attendance, have numbered 736—among whom there have been 31 children. It should be understood that this total includes numerous cases sent by doctors for opinion or for laboratory tests. Some 50 have been treated to recovery, 250 admitted as in-patients, and 150 otherwise suitably dealt with. The availability of adequate treatment and advice for juvenile cases is of course of vital importance, and it is a branch of the hospital work which is likely to grow; indeed, bearing in mind that satisfactory out-patient treatment requires much time (sometimes an hour at each visit) and a separate room for each of the several doctors so engaged, it seemed to us that good as it is, this department is likely soon to outgrow its capacity. Attaching, as our Board do, high value to out-patient treatment, we are glad to learn that Dr. Mapother has undertaken some out-patient work at King's College Hospital, as well as the delivery of lectures there. We trust that in this and other directions—

as for instance in the training of nurses—co-operation between these two so closely contiguous hospitals will continue to extend.

The arrangements for in-patients are as follows:—Accommodation for 144 patients is provided on three floors in six wards, three for each sex and each containing 24 beds. The uppermost storey comprises Wards 3 and 6, both for male patients whose symptoms are mild and whose cases give comparatively least anxiety; these two male wards are connected by a bridge-verandah utilised for open-air treatment in bed, and are staffed entirely by women nurses, except for the attendance of male nurses at bathing. The middle floor provides a corresponding arrangement for female patients of similar type, the connecting bridge here being immediately over the roadway which separates the two ground floor wards. Practically all the doors in these four upper wards are left unlocked, and patients of both sexes share the garden common to those wards, but it is always duly supervised by staff when in use. The ground floor wards, one for each sex, serve as the chief reception units and for the treatment of patients whose symptoms demand closer supervision. Each of these two wards has its own garden, that for males, apart from the sister, staff nurse, and ward maids, being staffed by male nurses; and each is provided with two dormitories for the further sub-division of patients. Both wards are well supplied with a range of "continuous baths" for the treatment of acute phases of mental illness and to combat insomnia; from the inquiries we made evidently full advantage is taken of this form of treatment by night as well as by day. At both wards there is also a good verandah, but so fully did we find them occupied as well as the bridge-verandahs, and so highly is the value of open-air treatment appreciated, that we are inclined to think that some extension of the existing provision may ere long be required. We were glad to find that each of the six wards has its own clinical room for the use of the medical officer when examining and interviewing patients. The clinical records themselves are kept in these rooms in locked cupboards the key of which is in the hands of only the sister and the doctors; we commend this practice, and our perusal of some of the notes impressed us as to the care and fulness with which they are taken. Supplementary to the accommodation we have already described, there is also—by the adaption of part of the administrative wing a suite of rooms (private bedrooms with associated dining room and sitting room) for 13 female patients of quiet type and able to pay some six or seven guineas per week.

Apart from these 13 cases, we gather that London patients are received into the hospital irrespective of their means, the decision as to their suitability being based upon the nature of the case and its likelihood to benefit by treatment. There is a lady almoner on the staff, and according to subsequent inquiries as to their means, patients having a legal settlement in the County of London are required to contribute to their cost of maintenance; those, however, without that settlement can only be received if prepared to pay the full cost of maintenance, nominally regarded at present as £5 a week. We were glad to learn that this official also pays visits of enquiry to the homes of patients and undertakes a certain amount of after-care work.

We were very pleased with the general appearance of the wards. Their design and liberal window space render them naturally bright and cheerful, while they have been tastefully and suitably furnished. A good library has been started and suitable arrangements made for the religious ministrations of the patients.

We were present during the dinner hour and noticed the care taken in the attractive serving of the meal and in the provision of articles of diet to meet individual wishes. We did not attempt to have an interview with every patient, but we spoke to a considerable number and we were above all pleased with the general atmosphere of hope and cheerfulness that prevailed.

Patients as far as possible wear their own clothes and excellent lockers are provided where they can keep their own things.

Provision has been made for occupations and recreation, the gardens being well kept and affording facilities for the playing of games; the acquisition of a contiguous piece of land consisting of half an acre of garden ground and a moderate sized house is at present under consideration; further facilities for garden work for the patients is very desirable, and it appeared to us that this small strip of land would be very useful for the purpose. We may also mention that a small carpenter's shop has been started and is used by some of the patients.

In addition to hydrotherapy, to which we have already referred, facilities are given for such other modes of treatment as massage, remedial exercises and electricity.

The medical staff, in addition to Dr. Mapother, consists of Dr. Petrie, the deputy superintendent, and three assistant Medical Officers, one of whom is a woman. Arrangements have been made that medical officers of the London County Mental Hospitals may be seconded with the pay of their rank for either clinical or pathological work here. Qualified medical men and women may be given the opportunity of voluntary work as clinical assistants—there are at present three of each sex in this capacity.

The services of consultant specialists are available for in and out-patients in regard to surgical, gynæcological and obstetric conditions and diseases of the eye, ear, nose and throat. Three of these specialists being also on the consultant staff of King's College Hospital, it has been arranged that all necessary special treatment can be carried out in the out-patient department or ward of either hospital as circumstances require.

A dental surgeon attends weekly.

The nursing staff consists of the matron, assistant matron, six sisters, 19 staff nurses, 23 probationers, and 12 male nurses.

All sisters and staff nurses are required to hold a certificate of at least three years' general hospital training or at a recognised school for nurses. All sisters and a number of staff nurses possess in addition experience at either mental or neurological hospitals.

There is an excellent nurses' home accommodating a large proportion of the female staff.

It is too early to make profitable the inclusion in our entry of much in the way of statistics; indeed, any conclusion at present based thereon would be unsound. It will suffice, therefore, to say that, in all, 364 persons have been admitted as in-patients, of whom 140 (59 male and 81 female, including 10 in the private rooms) remain under treatment. There have been 10 deaths which include two instances of suicide under circumstances fully reported to our Board at the time, and which are the only casualties which have occurred; of the other deaths, four were natural and four cases necessitating operation which was performed at King's College Hospital.

The number of patients who have left or who have been taken away is 214—of these 55 were regarded as fully recovered and 57 as improved, and of the latter many continue to attend as out-patients and will complete their recovery in this way; in the 102 unimproved cases there are included 45 who needed other forms of institutional treatment, others who left prematurely, and not a few who were admitted merely for observation and diagnosis, or for the application of some recent mode of treatment such as "induced pyrexia" in cases of general paralysis, one of whom we saw being treated in a room to himself.

In a small institution where means of isolation may not be so complete as in a large one, the introduction of infectious disorder gives rise to special anxiety. It is therefore satisfactory to learn how prompt and thorough were the measures including protective inoculation of all contacts, taken in the only instances that have arisen—namely two cases of paratyphoid fever.

The Pathological department, though administered separately, is of course of fundamental importance to the hospital. It was in 1916 transferred here from Claybury where, largely due to the exertion of Sir William Collins, M.D., a former chairman of the Council, it had been originally

established in 1895. Since that date work in it has been continuous, even during the War. This work at the hands of various collaborators, including research students, had been throughout under the guidance and control of Sir Frederick Mott as Director of the Laboratory and Pathologist to the London Mental Hospitals, whose name in connection with the Maudsley Hospital will rank second only to that of its founder. Sir Frederick's researches and activities in behalf of the hospital are too widely known and appreciated to require mention here, were it not that we would be loth to omit mention of his recent retirement, regret at which is mitigated by the hope that his advice and help will still be available. To succeed him the Committee have appointed Dr. F. L. Golla (M.A., M.B. Oxon., F.R.C.P.), who, at the visit we took the opportunity of paying to the laboratories, was good enough to show us some of the work in progress. Under him there is a chemical, a histological and a bacteriological assistant, besides whom some four doctors are doing voluntary work; the staff includes a clerk and a laboratory attendant.

As a teaching centre both postgraduate and during the ordinary curriculum, the hospital has before it functions of scarcely less importance than that of treatment. It is, therefore, highly satisfactory to be able to report that in 1920 the London County Council agreed to the institution of a series of lectures upon the various sections of study comprised under the term Psychological Medicine, and that since that date one or more full courses have been held regularly each year. The arrangements, which have included the services of some nine lecturers, have been under the leadership of Sir Frederick Mott, and the prospective as well as the acquired value of the movement is indicated by the fact that some 140 practitioners, including several medical women, have attended, many of whom have succeeded in gaining the diploma in this branch of medicine. In the possession of a sound clinical knowledge of the early stages of mental illness by the general practitioners, our Board see a highly important preventive security against the severer manifestations of these disorders; we therefore hope that the fullest advantage will be taken of the clinical resources of the Maudsley Hospital by the Universities and Medical Schools of the Metropolis.

Middlesex Mental Hospitals.—1. Wandsworth.

November 30th, 1923.

In the course of yesterday and to-day I have, I believe, seen all patients in residence, I have spoken to many of them and I have visited all parts of this Mental Hospital. Since December of last year some general reparation has been effected, redecoration is still in progress, and the institution appeared to be properly maintained.

The electricity supply is being transferred from the hospital generators to the Company's mains and except for the cinema, the hospital plant will no longer be in operation. A new boiler to ensure an adequate pressure of steam and a new water-softening plant are being installed.

Without going into details I can say that I found everything in connection with the wards and dormitories in good order; the patients were in comfortable surroundings, many were suitably occupied, there was no disorder or excitement; they were properly clothed, and I was pleased to note that, amongst the women, there has been a marked and successful endeavour to improve the style and variety of their dresses.

There were some requests for discharge, but apart from this, there were no complaints other than two or three from very deluded patients, and as to which I was satisfied there was no foundation in fact.

The breakfast ration has been improved, the dinners which I saw were good, and from enquiries I made from the patients, the dietary appeared to give general satisfaction.

Parole within the estate is allowed to 36 of the male patients and there are large daily shopping parties amongst the women.

There were 118 patients—males 63—females 55—confined to bed. With but few exceptions, there was no really acute illness, feebleness, mental excitement, general paralysis and minor ailments being the principal causes for bed treatment, and the nursing attention was evidently careful and satisfactory. An Assistant Matron, who acts as “Sister Tutor,” and helps the matron in staff instruction, has lately been appointed. There are about 9 cases of tuberculosis—males 2, females 7—and of these 4 are considered active—males, 1, females 3—and there is no case of dysentery, nor has there been one during the period under review.

The absence of verandahs, other than the solaria at the Annexe, as well as of general bath-rooms, has been noted on former occasions, and I would again draw attention to the matter. I should mention that in connection with all new admissions medicine cards and diet sheets are in use.

The deaths numbered 89, and the mortality rate per cent. for 1922 on the daily average number of patients resident was : male 11 per cent., female 8 per cent. ; a total of 9 per cent for both sexes. Of these deaths, 28 were due to general paralysis, tuberculosis was the cause in 11 instances, senile decay in a like number, and pneumonia in 3. Post mortem examinations were held in 52·8 per cent of the deaths, as contrasted with 37 per cent. only in the previous report. Inquests were held in 4 cases, the circumstances of which were duly reported to the Board at the time, and all other deaths were the result of natural causes.

There were six serious but non-fatal casualties, which call for no comment.

Since December 12th, 1922, there have been 438 admissions, 300 have been discharged or removed, 172 on recovery, and 89 have died.

Those allowed on trial number 36, to 10 of whom money allowances were granted.

On the statutory books are the names of 1,336 patients—males 533, females 803—of whom 39 are private patients, and there are 72 Service patients who are, as the others, in receipt of due care and supervision.

The out-county patients chargeable to various unions are 19.

Six patients are on trial, leaving in residence 1,330—males 532, females 798.

There appears to be an excess of 33 patients on the male and of 3 on the female side. The maintenance charge for home and out-county patients per head per week is 19s. 3d. and for private patients from 38s. 6d. to 59s. 6d.

There is no record of any seclusion or mechanical restraint.

The staff consists of : charge attendants, 26, charge nurses, 18, ordinary attendants, 50, ordinary nurses, 84—for day ; and 11 attendants and 14 nurses for night duty.

The nursing certificate of the Medico-Psychological Association is held by 33 attendants and 20 nurses, and 32 of the former and 20 of the latter have passed the preliminary examination.

Dr. Worth has the assistance of Dr. Smith, Dr. Shore and Dr. Harris, and the hospital is well administered and with a due regard to the well-being and comfort of the patients.

A consulting surgeon is now attached to the hospital.

Middlesex Mental Hospitals.—2. Napsbury.

December 13th and 14th, 1923.

We have had a pleasant and satisfactory visit. The Hospital is in all its departments in good order and the patients appeared to be properly cared for. The wards are warm and comfortable, bright, and for the most part well supplied with books, games and objects to attract and occupy the patients, who were suitably clothed and free from any complaint, other than applications for discharge. We should, however, like to see a larger number of cheaply bound illustrated magazines and papers.

in the wards where the troublesome and unruly patients are under care. Many of the patients are quite unable to read or to be engaged in useful occupations and experience has clearly taught that their condition can be ameliorated and rendered less monotonous by such a simple expedient as the supply of the articles referred to.

We have suggested to Dr. Rolleston, that it would be well, were he to open one or two so-called "club wards," where the more trusted patients might, if they so desired, be permitted as a privilege to sit up at night beyond the usual retiring hour. This has been adopted with success and with gratification to the patients in not a few institutions, and we hope, in the near future, that the experiment may be tried here.

The dinners we saw served were well cooked and ample in quantity and speaking generally, the dietary which is on a liberal scale appears to satisfy and to be appreciated by the inmates.

The dress of the female patients has certainly improved and we were glad to see that considerable attention is being given both to the material, variety in colour and cut of the dresses.

A cinema has lately been installed as well as a refrigerator; external and internal painting and general reparations have been effected and the Hospital is properly maintained.

Since November 3rd, 1922, there have been 340 admissions, 165 patients have been discharged or removed, 86 on recovery and 118 have died. We note that only six patients, three of each sex, have been allowed on trial (all of whom were, however, granted money allowances), and there is to-day no patient absent from the institution.

We would strongly urge that trial as a means of testing a patients' capacity to face the world is a most useful thing and might, as is now largely the case, be made use of extensively, not only to ascertain if a patient has recovered, but also to see if, though not recovered, a patient's condition is such that he might with safety be handed over to the care of his friends. We would commend this suggestion to the Committee's and Dr. Rolleston's consideration.

To grant parole, either limited or extended, except in so far as some of the farm and outdoor workers are permitted to go to and back from their occupations and to make use of the gardens, is not the practice at this institution. We think this matter, too, might well be considered, as parole has found much favour in other hospitals where the conditions are not more favourable, if indeed so favourable, for such a privilege, as those which prevail here.

There are on the statutory books 1,774 patients—males, 721; females, 1,053—of whom 35 are private patients, and there are 60 Service patients who, as the others, appear to be properly and well supervised.

The out-county patients number 12. All the patients are in residence and have, we believe, been seen by us.

There are vacancies for 23 males, but on the female side there is overcrowding to the extent of 62.

The maintenance rate is for home and out-county patients 19s. 3d., and for private patients 38s. 6d. There is no record of any seclusion or mechanical restraint.

The Staff consists of charge attendants, 26; charge nurses, 37; ordinary attendants, 75; ordinary nurses, 129, for day; and 16 attendants and 20 nurses for night duty. Twelve of each hold the Nursing Certificate of the Medico-Psychological examination and 50 attendants and 15 nurses have passed the preliminary examination.

The general health of the institution appeared to be good as evidenced by the state of nutrition of the patients and the comparatively few cases of acute sickness.

Of the 100 or so patients in bed a large proportion were under treatment for mental reasons—more than 25 per cent.—the remainder being for the most part cases of senile or other debility or persons suffering from physical ailments, some of temporary character.

There were to-day 13 cases of tuberculosis notified, some being in latent state or apparently recovering.

There were no cases of dysentery, and none are recorded as having occurred since the last visit, but, in the absence of a pathological laboratory in use and in view of the comparative uselessness of sending specimens by post for bacteriological examination, this evidence cannot be regarded as wholly satisfactory and conclusive.

In connection with this, it is curious also to note that, amongst an average population of between 1,700 and 1,800, there has apparently been no occasion to record a single case of either slight or severe diarrhoea.

We regard the absence of an active pathological laboratory as regrettable for diagnostic reasons, and would instance two cases we saw in one of the sick wards, with temperatures of suspicious character, that should be confirmed or otherwise by *vidal*—both cases were being treated as of a potentially infectious character.

Of the 118 deaths that have occurred since November, 1922, about 24 per cent., an unusually large proportion, were due to General Paralysis, 19 per cent. to tuberculosis, 12 per cent. each to heart disease and organic diseases, about nine per cent. to senile decay and nearly eight per cent. to pneumonia. One death, although actually due to natural causes, was accelerated by a self-inflicted throat wound and a second patient was found drowned without there being evidence to explain the occurrence. He was a working patient who had shown no suicidal tendencies. Details of both deaths were communicated to our Board at the time, and inquests were held. All other deaths were due to natural causes.

The serious non-fatal casualties numbered three, all being fractures of bones accidentally sustained.

The average number of patients employed weekly during the year is 909—males 351, females 558. Of these, 103 men are at work on the farm and gardens, 29 women are in the kitchen and 42 in the laundry, but as many as 411—males, 187, and women 224 are only engaged in ward work.

Dr. Rolleston has the assistance of Dr. Roberts, Dr. O'Neill, Dr. Beasley and Dr. Rees.

Monmouthshire Mental Hospital.

November 14th, 1923.

As the result of the changes which have taken place amongst the patients since the last visit, some 17 months ago, there are now on the books the names of 1,137 patients, 590 men and 547 women, and all were in residence yesterday, except 2 men who were away on trial.

Of this number 62 males and 29 females are classed as private patients, 44 of the former being Service patients, and 128, 18 men and 110 women are chargeable to out-county unions; 89 belonging to London, 32 to Swansea, and the remainder to other unions.

The accommodation of the Institution provides for 590 men and 580 women, but on the female side 26 beds are at present being occupied by staff, so that the male side is full and there are only vacancies for 7 women. Maindiff Court is not counted in the present accommodation, but when it has been decided in what way this building shall be used, a considerable number of beds will be added either for males or females, or perhaps for both sexes.

The maintenance charges are now 21s. 7d. for home, from 25s. 4d. to 26s. 3d. for out-county and from 21s. 7d. to 42s. for private patients.

I was glad to note that 105 patients have been allowed to go home on trial, either as a test of their recovery, or with a view to ascertaining whether they were fit to live with their friends though not recovered, but to only nine of these had money allowances been granted by the Committee. This allowance is a most valuable aid to patients discharged in helping them to tide over a most difficult time, and I hope the Committee will go carefully into each case, and give the allowance whenever, in their judgment, it is in the least likely to be of value.

At my visit yesterday and to-day I have been over all parts of the institution, and to the best of my belief have seen all the patients. There are some points where I thought improvements could be instituted, and I have discussed these matters, which will be mentioned later, with Dr. Phillips, but on the whole I was most pleased with the condition in which I found the Institution and with the arrangements which are made for the comfort and care of the patients.

The wards were very clean and well kept and much has recently been done in the way of redecoration to render the patients' rooms bright and cheerful.

The patients themselves were very quiet and orderly and generally appeared to be contented with their surroundings. Their clothing appeared to be sufficient, except that slippers are wanted on the female side, and I was glad to hear that, when circumstances are favourable, patients are allowed to wear their own private clothing, and to note that endeavour is made to improve the cut and style of the garments issued, especially on the female side.

I saw a good dinner consisting of boiled mutton with two vegetables, followed by an excellent pudding, served in the dining hall and being much enjoyed, but I was sorry to hear that the breakfasts have not as yet been relieved of their monotony. I understand this will be remedied in a short time.

The following are the matters which I thought needed attention with a view to improvements: mortuary; improved facilities (for the relatives) of deceased patients to view the bodies; general bathroom, female side; greater privacy for the patients; records and reports; day and night ward reports; casualty records; ward diet sheets; records of aperients given; foul washing; facilities for boiling all foul washing as soon as it is received at the laundry.

I discussed each of these with Dr. Phillips and he promised to give full consideration to my suggestions.

There is one other very important matter, which I hope will receive serious consideration. This is the question of providing separate accommodation for recent admissions, where they can be kept away from troublesome and noisy chronic cases and from others with objectionable habits. This question is somewhat difficult, and cannot be definitely decided on until the future of Maindiff Court is fixed, but I pointed out how, in my opinion, three wards on each side could be set apart for the purpose, with a view to, as opportunity occurs, so altering and rearranging them, that they could provide all necessary facilities for the most recent methods of treatment.

As many as 85 patients, 61 men and 24 women, are allowed parole within the institution estate, and 12 men may go alone beyond the estate. I hope, also, it may be found possible to treat some of the wards as "open door" wards, so that the patients may wander in and out at will, and that arrangements may be made, for those who wish, to sit up beyond the usual hour for going to bed at night. I was glad to hear that all patients are allowed to undress by their beds at night.

Generally the patients' health appears to have been good, but dysentery has been present in the institution from August, 1922, to October, 1923; 31 patients in all being attacked, but with fatal results in only three cases, all on the female side. The presence of this disease makes it most imperative that all possible precautions to prevent the spread of infection, especially with regard to foul linen, and the cleanliness of the patients and their wards, should be strictly enforced, and I hope special attention will be given to the suggestions recently circulated concerning the last point.

At present 31 patients, 17 men and 14 women, are known to be suffering from tuberculosis. They cannot now be isolated entirely from others, but it may be possible, when a rearrangement of wards takes place, that a room on either side may be found for them.

The chief causes of the 80 deaths have been general paralysis in 15—13 men and 2 women—pneumonia in 15, and organic brain disease in 14 instances.

Three inquests have been held, but call for no mention here.

There are records of 6 serious but non-fatal casualties, but 5 were due to simple accidents, and the other one to the act of a fellow patient.

There has been no use of mechanical restraint.

The staff now consists of 66 male and 77 female nurses for day and of 7 male and 9 female nurses for night duty. The preliminary examination of the nursing certificate of the Medico-Psychological Association has been passed by 9 men and 16 women, and the final by 32 men and 11 women.

Dr. Phillips still has the assistance of Drs. Lornie, Rose and Jones.

Norfolk Mental Hospital.

October 25th, 1923.

The sanatorium for the treatment of twelve cases of each sex who may be suffering from tuberculosis is now nearing completion, and a tank for the storage of 45,000 gallons of water, to be used in case of fire breaking out, is in course of construction. The use of the isolation hospital, for the reception of new admissions, must stand over until the scheme for the future drainage of the institution into a main system has been carried out, and in the meantime these cases are treated in wards M. D. and F. 10.

The hospital is well ordered, and is administered with a due regard to the comfort of the patients, who are evidently contented with the manner in which they are treated by the medical and nursing staff. The appeals for discharge were but few, and I received no complaints of any kind from any of the patients with whom I entered into conversation as to their surroundings or their diet. The diet has, in fact, been improved since the last visit, inasmuch as that the morning meal has been varied by the addition of meat, fish, egg, bacon or porridge on each day, and for tea, jam or cake is given every day in the week. I think, however, the dinners might be added to by the supply of puddings on some days as a fixed and regular part of the meal, and not, as at present, only occasionally. I note that suet pudding is given to the women on one day, but not to the male patients.

The clothing of the patients is good; attention has been given to the style and cut as well as to variety in colours of the women's dresses, and the supply of male overcoats has been increased, and when those on order have been supplied will be fully up to requirements.

The general health has been good, and of the 58 women and 7 men whom I saw in bed to-day, but one (a man) was acutely ill. They were being carefully nursed; the tubercular cases, six of which were active (males 1, females 5) being treated out of doors in verandahs. There have been four cases of enteric fever, two cases being those of recent admissions and two in patients who had been for long in the hospital, but the origin of the disease could not be traced. The hospital is at present free from this form of disease and also from dysentery, of which, however, there have been four cases, all amongst the women and in the month of June of this year.

There have been 70 deaths, all from natural causes; but in two instances, where the deaths were sudden, inquests were held.

General paralysis was the cause of death in 9 instances, tuberculosis in 11, pneumonia in 8, and enteric fever and pellagra each in 1 case.

Post-mortem examinations were held in 21 cases, as to which I gather there is often difficulty in obtaining the consent of the deceased's relations.

I was glad to see that a small viewing room has now been provided at the mortuary, where further small improvements are contemplated.

The privilege of parole is granted to trusted patients. There are two open-door wards in the female and one on the male side. Several patients sit up beyond the usual hour for retiring, and the blocks have been removed from the window sashes in all wards where it has been considered advisable.

The serious non-fatal casualties, five in number, call for no comment or remark.

Since November 25th, 1922, there have been 272 admissions; there have been 81 discharged as recovered out of a total of 105 discharged or removed, and as many as 83 have been allowed out on trial. This form of testing the capacity of a patient for life away from institutional care is favoured, and it is satisfactory to hear that money allowances are given in all needy and suitable cases.

There are on the books the names of 1,019 patients—males, 408; females, 611—of whom 49 are “Service” patients, who, as the others, appeared to be well cared for and supervised.

There are 123 out-county patients, 91 of whom are received under contract from Great Yarmouth and 30 from Napsbury Mental Hospital.

Five of each sex are on trial, leaving in residence and, I believe, seen by me, 403 men and 606 women—in all, 1,009.

There are vacancies for 67 men, but there are six women in excess.

The maintenance rate for home patients is 21s., for out-county patients from 24s. 6d. to 28s., and for private patients (there is but one strictly classed as such), 36s.

There is no record of mechanical restraint.

The staff consists of : Charge attendants, 8 ; charge nurses, 10 ; ordinary attendants, 56 ; ordinary nurses, 63, for day ; and 9 attendants and 13 nurses for night duty.

The nursing certificate of the Medico-Psychological Association is held by 21 attendants and 10 nurses, and 26 of the former and 9 of the latter have passed the preliminary examination.

Dr. Connell, who has the assistance of Dr. Livesay and Dr. Jenkins, is keenly alive to the best interests of his patients, and is administering the hospital with zeal and ability.

Northamptonshire Mental Hospital, Berry Wood.

October 20th, 1923.

I have to-day visited this institution, which is maintained in good order. A good deal of general redecoration has been carried out, and what remains to be done will be taken in hand gradually. Plans have been before my Board for the improvement of the sanitary accommodation of the large Ward B on the female side, which will enable this ward to be divided up, and so afford better classification. I understand that the provision of a verandah on the female side where patients suffering from tuberculosis and others who will benefit by nursing in the open air will be able to be treated, is under consideration. At present the facilities for dealing with such patients of the female sex compare unfavourably with those on the male side. A cinematograph apparatus is now being installed.

In F. W. E accommodation is provided for juvenile defectives, and to-day there were four boys and 12 girls under the age of 16 warded there and judiciously looked after. Some of these, however, struck me as being capable of benefiting by training in a mental defective institution, and I noticed in the other wards on both sides juvenile patients of both sexes to whom the same remark applies. It is, therefore, very unfortunate that no efforts appear to be made by the county of Northampton to deal systematically with the problem of its mental defectives.

The patients of both sexes had a well-cared-for appearance, were quiet and orderly in their behaviour, and, apart from the subject of detention, free from complaints. The clothing generally was good, and I was particularly struck with the excellence of the boots, as might naturally be expected in this neighbourhood. I thought, however, that more care might be given to making the clothing of the women of a less institutional and more attractive character, both as regards material and patterns.

Some attention has been given to the dietary, especially with a view to giving greater variety at the breakfasts and teas : at present for break-

fast porridge with milk is the only variety, but on three days a week at tea, jam or cake is given. Those patients who are given the privilege of staying up late also have a light supper. The dinner to-day was a good one, consisting on the male side of liver and bacon, with bread, potatoes and turnips, and on the female side of a good substantial stew; on both sides a milk pudding was given. I had no complaints on the subject of the dietary.

The following changes have occurred among the patients since the last visit :—

	M.	F.	T.
Admissions - - - - -	136	148	284
Discharges or removals - - - - -	85	113	198
„ upon recovery - - - - -	27	25	52
Deaths - - - - -	38	50	88

There are to-day on the books the names of 909 patients, 423 being of the male and 486 of the female sex. One man was out on trial to-day, and I was glad to hear that the practice prevails of granting money allowance to patients on trial not only under section 55 of the Lunacy Act, 1890, but also out of a private fund which exists for the purpose. Fifty-six patients are of the private class, 38 of these being “ Service ” patients, to all of whom I gave special attention. The out-county patients number 281, and of these all but one are received under contract from the county borough of Northampton.

There are at present vacancies for 18 patients on the male and for 37 on the female side.

The weekly maintenance charges are 16s. 11d. for home, 25s. 8d. for out-county, and from 21s. to 36s. 2d. for private patients.

No use of mechanical restraint is recorded, but nine patients have been secluded for various short intervals.

The general health of the institution to-day was good; 20 men and 28 women were confined to bed in the infirmary wards, but the majority of these were there rather for debility or for mental treatment, and not for acute illness. Two women were also in bed in the isolation hospital suffering from enteric fever. Of this disease there have since June last been three cases on the female side, one having recovered. The cause of these attacks has not been ascertained. During the period under review there have been four cases of diphtheria of a mild type on the female side, and three members of the staff have also been attacked, but two of these were male nurses. There have been no cases of dysentery, and to-day there are only 10 cases of tuberculosis in an active stage, six being men and four women.

The death-rate for 1922 was 6·4 per cent. on the male and 7·1 per cent. on the female side, making a total for both sexes of 6·8.

The 88 deaths were, with one exception, due to natural causes, which were verified by post-mortem examination, in the satisfactory proportion of more than 73 per cent. of the total deaths. General paralysis was the cause of 10 deaths, equally divided as to sexes; tuberculosis of 16; heart disease of 17; and kidney disease of 15.

In the excepted death, that of a male patient who cut his throat before admission, an inquest was held.

The serious but non-fatal casualties were seven in number, all the result of accidents, and do not call for special attention.

The miscellaneous returns on various matters submitted to my Board for 1922 appear generally to be satisfactory.

The nursing staff consists of the following :—

	M.	F.	T.
Charge - - - - -	9	8	17
Ordinary - - - - -	47	50	97
Night - - - - -	5	8	13

Dr. Stuart has the assistance of two medical colleagues, one of whom is on a temporary footing.

Northumberland Mental Hospital, Morpeth.

July 20th, 1923.

I am satisfied, after my inspection to-day of this Mental Hospital, and after the many conversations I have had with patients on each side when going through the wards, that they are well supervised and that they are treated with tact and kindness by the Nursing Staff. Some asked for their discharges, but none who are, in my opinion, able to take care of themselves without supervision; and, apart from this, I had nothing approaching a complaint as to treatment or diet.

I am glad to note that the number of patients to whom trial has been granted shows a considerable increase, and I hope this mode of testing a patient's mental stability and his fitness for discharge, either as recovered or to the care of friends, will be made use of in as many cases as possible. When patients and their friends realise that an opportunity of this nature is readily given in all suitable cases, it undoubtedly creates a spirit of confidence in the administration of the Hospital and the treatment of the inmates.

Parole is favoured; many have this privilege within the grounds, a few have extended parole, and outside walking parties are of frequent occurrence. This leads to contentment amongst those who are able to appreciate a modified freedom from control, and, I cannot but think, in a measure accounts for the general appearance of content and comfort which prevailed in the institution. The improvement in the women's dresses is noticeable, and I was glad to see that a paid seamstress has been engaged for the sewing room and to know that an experienced cutter has also been engaged.

The arrangements which have almost been completed for affording suitable facilities for the relations of deceased patients to view the bodies of their friends are, I think, all that one could wish.

The wards, dormitories and beds are well kept; there are quantities of books, and a large assortment of plants and flowers.

To one or two matters I would draw attention. I am glad to hear that even the occasional services of a dentist have been engaged, and trust that the Committee will be encouraged to arrange for weekly or fortnightly visits, more especially in the first instance for attention to newly-admitted cases. In this connection, I would urge that tooth brushes be supplied to the wards, and that the patients be encouraged to use them. In the female general bath rooms, although I am aware of the practice of giving baths to the more refined patients and those who prefer privacy, at special times, it would be well if moveable screens were provided for curtains between the baths, which might at any time be brought into use for those who dislike or object to bathing in sight of other patients. There is a great lack of overcoats on the male side, and in one ward with 51 patients (M. 6) I found but one overcoat and no capes. This should be remedied at an early date. The Isolation Hospital is still in occupation, and Dr. East has not as yet found it possible to make any fresh arrangement for the warding of the new admissions.

There are, consequent upon the changes which have taken place since 15th May, 1922, the date of the last visit from a member of the Board, 399 males and 322 females on the books; two are on trial (females), leaving in residence and, I believe, seen by me—399 males, 320 females; in all, 719.

The discharges have numbered 114, of whom 91 had recovered; and 87 have died from natural causes, and there have been no inquests.

The private patients are 32 in number; those classed as Service are 27, and there are but two out-county patients.

One villa is unoccupied, and there are vacancies for 61 men and 24 women.

The maintenance charge for home patients is 23s. 4d., and for out-county and private patients 42s.

Mechanical restraint, in the shape of gloves to prevent scratching and the removal of dressings, has been used in the case of two male patients.

I saw 29 males and 38 females confined to bed; one case was dying, but none of the others call for special mention. Three of each sex are suffering from tubercular disease in acute form, but there has been no case of dysentery, nor has any instance of epidemic or zymotic disease occurred during the period under review.

Of the 87 deaths, 13 were due to general paralysis, 20 to tuberculosis, 21 to heart disease, and 6 to senile decay.

The death rate for the year ending 31st December, 1922, was: males, 12 per cent.; females, 17·6 per cent., or a total of 14·5 per cent., calculated on the daily average number of patients resident during the year.

The patients looked well nourished; they have butter, but no other extra except porridge two days a week for breakfast; they also have butter for tea, jam and cake on two days, and whole milk is always given.

There was but one serious non-fatal casualty, which calls for no comment.

The staff consists of: Charge attendants, 10, charge nurses, 10, ordinary attendants, 43, ordinary nurses, 32—for day; and eight of each for night duty.

The certificate of the Medico-Psychological Association is held by 23 attendants and 4 nurses, and 6 and 10 respectively have passed the preliminary examination.

The medical officers who were colleagues of Dr. East left a few days ago—one on retirement, the other on appointment to another institution. He has now the assistance of Dr. Moyes and Dr. Chapman, a lady doctor, who is acting as *locum tenens*.

I am glad to hear that the Committee contemplate building a house for the use of the Deputy Superintendent.

Nottingham County Mental Hospital.

November 6th, 1923.

In the course of my visit to-day, I found the wards comfortably warm, the bedding in good order and the patients, who appeared to be properly supervised and cared for, free from complaints of any kind, as to their treatment, surroundings or diet, though a few, as is not unnatural, asked for their discharge. None of those who made this appeal were so far as I could judge fit to take care of themselves and I should note that trial, in its more extended sense, is in this hospital largely exercised and parole, both within and beyond the limits of the estate, is permitted in all cases where it is deemed advisable; there are also wards with open doors into the courts and there is a club ward where patients who can be trusted and who appreciate this privilege, are allowed to sit up beyond the usual retiring hour.

The diet appeared to be a good one, puddings being provided for dinner on all except the two days when meat pies form the dietary and the old monotony of the morning and evening meals is relieved, on each day, by the addition of something beyond the former breakfast and tea.

There is a distinct improvement in the style and material of the women's dresses, those patients for whom provision is made, are permitted to wear their own clothes and there appears to be an ample supply of shawls, capes and overcoats.

A scheme is now under consideration in reference to the provision of additional accommodation for nurses for whom the present quarters are cramped and insufficient.

Dr. Lloyd Jones is fully aware of the desirability of making better arrangements for the classification of his patients and separating the new admissions from the sick. He still has this matter under consideration, but has not as yet been able to evolve any satisfactory solution.

The institution is full on the male side, and on the female side there is overcrowding to the extent of 26. One ward—8—on the male side is

used for the accommodation of 40 women (the out county patients from Nottingham City Mental Hospital), and I cannot but think, that the time has now arrived when, in view of present conditions, the undesirability of receiving those out county patients must be fairly faced. Since October 9th, 1922, there have been 175 admissions, 77 have been discharged or removed, of whom 38 had recovered and 71 have died. Those allowed on trial number 72, to 20 of whom money allowances have been made and, there are on the books 262 males and 361 females; the private patients number 31, the Service patients 26. There is but one out-county patient in addition to the Nottingham City patients already referred to.

There are at present on trial one man and four women and this leaves in residence, and I believe seen by me, 261 males and 357 women. There are amongst the patients, some children and others who could, I think, well be dealt with under the Mental Deficiency Act could accommodation be found for them.

The maintenance charge is, for home patients 18s. 8d. per head; for out county patients from 22s. 9d.—24s. 6d.; and for private patients from 28s. to 42s.

There is no record of mechanical restraint and only 10 patients have been in seclusion.

The general health is good and of the 18 males and 28 females whom I saw in bed, but few were seriously ill—senility, feebleness and mental excitement being the main causes of their being so treated. These patients appeared to be well and carefully nursed and no one was suffering from a bed sore.

There are eight cases of tuberculosis—males three, females five; and of these one male and four females are considered to be active and they were in bed on the verandahs.

Of the deaths, 71 in number, 17 were due to general paralysis, 5 to epilepsy, 4 to tuberculosis, 16 to heart disease and 8 to senile decay.

Inquests were held in five instances and, with one exception, these and all the other deaths were due to natural causes. The exception was that of a woman on trial, who got into touch with another patient also on trial and under circumstances already detailed to the Board, and which were the subject of investigation at the assizes, committed suicide. In one of those five cases in which inquests were held the death, due to organic disease of the heart and kidneys, was accelerated by the fracture of left tibia sustained in a fall in an epileptic fit. There were three serious non-fatal casualties calling for no comment.

In June of this year 89 patients, males 31, females 58 (as well as 2 attendants and 13 nurses) suffered from influenza. There were three cases of enteric fever and eight cases of dysentery, but in no instance in any of these forms of disease did death occur, and the origin of the enteric fever could not be traced. The hospital is at present free from any of these ailments.

The staff consists of charge attendants, 8; ordinary attendants, 23; charge nurses, 9; ordinary nurses, 36 for day; and 6 attendants and 5 nurses for night duty.

Six attendants hold the nursing certificate of the Medico-Psychological Association, and a like number of attendants and 13 nurses have passed the preliminary examination.

Dr. Jones, who has the assistance of Dr. Greenwood, is evidently alive to the well-being of his patients, with whom the medical and nursing staff appeared to be on very good terms.

Oxford County and City Mental Hospital.

May 18th, 1923.

It is close upon six years since an annual inspection, on behalf of the Board of Control, was made of this institution. Though the explanation of this long interval is well enough known, it seems desirable briefly to

record here that—under the scheme initiated by our Board, and by the patriotic action of the Committee of Visitors—the hospital was, with the consent of the County and City Councils, lent in 1918 to the Army Council, and later to the Ministry of Pensions for the treatment of neurasthenic cases. To give effect to the loan, which included the institution's equipment and the whole of the staff other than those who joined the Forces for overseas service, the civilian patients then here were, with the ready co-operation of the authorities of the Berkshire, Buckinghamshire, Kent, Hampshire, Warwickshire, Three Counties, and Surrey Mental Hospitals, distributed and boarded out at these institutions. The evacuation was commenced at the beginning of April, 1918, and was completed by the first week in the following month. The institution, which was designated "The Ashhurst Hospital," was opened for the reception of soldier patients on the 13th September, 1918, the Medical Superintendent, Dr. T. S. Good, O.B.E., to whom was accorded the rank of Lt.-Colonel, being appointed Officer Commanding. It was taken over for pensioners by the Ministry of Pensions on the 1st August, 1920. During its occupation by the military authorities there were treated 1,383 soldier patients and 1,424 pensioners, and subsequently 1,914 of the latter under the Ministry of Pensions—in all, 4,721 patients.

It is well known that the treatment of the forms of illness manifested by these patients requires a maximum amount of individual time and attention on the part of the doctor, who, to be successful with them, must possess special skill. Dr. Good's knowledge and experience were of inestimable value, and much good work was accomplished by him, by those detailed by the Military and Pensions Authorities for service at the hospital, and by the Steward and Clerk, Mr. A. J. Fidoe, M.B.E. The Committee of Visitors, under the chairmanship of Mr. W. H. Ashhurst, C.B.E. throughout the occupation of the premises maintained an active interest in the management of the hospital, and are to be congratulated upon the energetic response, under Dr. Good's leadership, made by their staff and others in the locality. The hospital closed down on the 15th February, 1922, and was reopened on the 18th September that year for the County's and City's civilian patients.

Upon the Committee also devolved the carrying out of certain structural additions and rearrangements, which the age of the institution—parts of which date from 1846—made imperative for its successful use as a war and pensions hospital. Some of these were needed for this specific purpose, but others were in contemplation just before the outbreak of war. Among the more important of these matters were the centralisation of boilers and the installation of a hot-water heating system throughout the wards, additions to kitchen and laundry plant, conversion of a ward into Steward's stores, improvements to the gas plant, extension to the workshops, the enlargement of a number of windows, and the provision and equipment of a hut as a pathological laboratory. Upon evacuation of the premises by the Ministry of Pensions, and in the course of settlement of the question of dilapidations, most of these additions were, to the great advantage of the hospital, wisely taken over by the Committee.

At this juncture our Board made strong representations to the Committee that, in the course of re-instatement and renovation of the premises opportunity should be taken to effect various improvements with the object of meeting modern requirements for the proper treatment of mental illness, including increased and better accommodation for the staff; and one of the Commissioners attended a meeting of the Committee convened to discuss these suggestions—all of which were ultimately adopted, and have been carried out. The more important of them were: (1) The adaptation of a ground-floor ward on each side, one half of it to serve for the reception of new cases, and the other half for the treatment of sick and infirm patients; (2) the provision of verandahs for each of these two classes of patients; (3) the installation of apparatus for the easy administration of "continuous baths" and other forms of hydro-therapy at each of these two wards; (4) the fitting up and equipment of an operating

room; (5) similarly, a room for dental surgery; (6) the further development of the pathological and clinical laboratory; (7) the provision for each ward in the institution of a medical officer's clinical room and a nurses' duty room; (8) provision for future X-ray installation; (9) increased w.c. and lavatory accommodation; and (10) the erection of a hutment heated by hot water to serve as a nurses' home for 40 members of the female nursing staff.

In the course of our inspection, which has extended through yesterday and this morning, and which—in order to see the arrangements for nursing by night—we commenced at 10 o'clock on the night of the 16th instant, we have given special attention to all the foregoing items. In our opinion they have been thoroughly well carried out, and greatly enhancing, as they will, the medical resources of the hospital, they represent a spirit of progress on the part of the Committee and Superintendent, which, on behalf of our Board, it is our desire to acknowledge.

Since the hospital's re-opening, 621 patients have been received—72 as direct admissions and 549 as transfers—and, as the clinical records of all these cases have been made with evidently much care and with a desire to set a good standard, the amount of medical work overtaken during the last eight months has been heavy.

There have been 13 male and 26 female deaths. One woman who was absent on trial was found drowned; otherwise all have been from natural causes, verified by post-mortem examination in 54 per cent. of these 39 cases—a proportion which, by continued effort to teach friends the protective influence as well as the scientific importance of these examinations, we hope it will be possible to increase. No less than 25 per cent. of the deaths were due to senile decay—a circumstance which invites the hope that a careful watch will be kept on cases in which, though recovery has not taken place, all acute mental symptoms have abated, and their return home, perhaps, under Section 57 of the 1890 Lunacy Act, or their removal to a poor-law institution, may be possible. Apart from this point, and our remarks overleaf as to tuberculosis, the causes of death call for no comment. During the same period 44 patients have been discharged, all on recovery, and one has been transferred to other care. In nearly 50 per cent. of these cases discharge had been preceded by the patient being allowed out on trial—a practice we strongly advocate—especially if coupled with a money allowance such as we see was granted by the Committee in the cases of one man and five women. The latter is, to some extent, a mode of “after care,” and that it is ultimately an economical measure, as well as humane, we have no doubt.

These changes leave in the book the names of 223 male and 314 female patients. None are out-county cases, and the only private patients are the 20 “Service” cases now here. Two women are absent on trial, so that the number in actual residence is 535, all of whom, we believe, we have seen.

We found the patients' clothing and bedding good and sufficient, and we were glad to notice a liberal supply of outdoor garments, and to learn that all patients whose mental state permits it are permitted to wear their own suits or dresses and boots, if the friends care to supply them; and that, if provided by the hospital, these articles are retained by the patient if transferred from one ward to another; also that lockers or other means are in course of provision for the better storing of private belongings.

We had a few representations as to discharge, but received no complaint of any kind as to treatment, and we noticed with satisfaction, both yesterday and at our visit during the previous night, the absence of noise and excitement, and, indeed, a marked air of tranquillity among the patients. We attribute this especially to the fact that they are well fed—the dietary seems satisfactory and largely free from monotony—and to the efforts made here to give as much liberty as practicable: thus, in several wards the patients may sit up till 10 p.m.; the majority of the windows on the ground floor and those of the two upstairs wards for convalescents have

been made to open to their full extent as regards both sashes; and the doors of several wards are kept unlocked during the day, and we found the doors of most of the single rooms unfastened even during the night. Dr. Good is considering the feasibility—difficult in the absence of detached villas—of allowing convalescent and other trustworthy patients free access to the grounds, parole of which is at present accorded to 30 men and three women. Of the four casualties (all cases of fracture) that have occurred, while three have been accidental, one was the direct outcome of absence of window-stops. We recognise that these efforts to eliminate a feeling of custody can be successfully maintained only so long as the medical staff possess a thorough individual knowledge of the patients, and attend carefully to classification. We believe this to be the case here, and do not think that an occasional untoward event should be allowed to lead to the withdrawal of these efforts, and we desire to support them.

We found 12 male and 19 female patients (5·8 per cent. of the total in residence) in bed. The only incidence of infective disorder since the re-opening has been that of tuberculosis, of which at present there are one male and two female cases; but, including three fatal meningitic cases, 18 per cent. of the total deaths, and as many as 23 per cent. of the female deaths, were due to this disease, upon the incidence of which, no doubt, a careful watch will be kept.

The laundry and kitchen staffs are under officials with special training in their respective spheres, and are not under the matron. The latter had general hospital as well as mental training, and also holds the certificate in midwifery. The nursing staff is at present largely a new one, and there is some shortage on the female side. We are particularly glad to hear of the arrangements under which the nurses at the Radcliffe Infirmary during the terminal part of their training will spend a few months at Littlemore Hospital.

Among matters in progress are the drainage of the farm and the erection of partitions in the general bathrooms to increase means of privacy. An important matter, which we are glad is under consideration, is the condition of the gasworks and the question whether continuation of lighting by gas or installation of electrical plant will prove the more economical. Doubtless, in coming to a conclusion, the advantages of the latter alternative in meeting certain medical desiderata will not be overlooked.

The weekly charge per patient for maintenance is at present 26s. 10d. No doubt this would be less did not there exist so many vacancies; these number 82, according to the re-arrangement of beds made at the re-opening, exclusive of the isolation hospital. The rate might possibly be also reduced by the closure of a ward on each side—a course not to be recommended, as it would curtail opportunity for proper classification and militate against good treatment. In this connection, and so far as so short a period of eight months warrants such considerations, it is worth observing that, while the number of discharges appears to be above the average, the number of direct admissions here are notably (20 per cent.) less than they used to be—taking the years 1909–1913 as a basis. How far this reduction of patients at Littlemore is due to the excellent work that we know is being done at the Out-Patient Clinic opened in 1918 at the Radcliffe, is difficult yet to estimate; but, if it is to some extent related thereto and to the standard of medical work at Littlemore, it is apparent that, apart from the humanitarian aspect, a lower number of patients in residence is a safer index as to economy than is the weekly maintenance charge.

Dr. Good, who is also one of the Honorary Physicians to the Radcliffe Infirmary, has two resident medical colleagues, of whom Dr. C. W. S. Davies-Jones is Deputy Superintendent. The Committee have, in addition, appointed a physician who acts also as electro-therapist, a surgeon and a dentist, all three of whom make regular visits to the hospital.

We hope that it may sometime be practicable to appoint a part-time pathologist, who will be able to co-ordinate laboratory work here with that in the University.

Our visit has impressed us very favourably, and it is especially gratifying to see the extent to which determination, on right lines, can succeed in modernising an old institution and bring it into its proper relation with a great centre of Medical Teaching.

Salop Mental Hospital.

April 16th, 1923.

In the year that has elapsed since the last visit of Commissioners there have been the following changes among the patients :—

	M.	F.	T.
Admissions - - - - -	83	89	172
Discharges or removals - - - - -	31	102	133
„ upon recovery - - - - -	24	28	52
Deaths - - - - -	32	51	83

There were to-day on the statutory books the names of 755 patients, 333 being of the male and 422 of the female sex; of these, one male was absent on trial. These numbers show a reduction of 62 female patients since last year, when the overcrowding on the female side was specially mentioned, but an increase of 22 male patients. This result has mainly been effected by the removal of the Birmingham patients (4 males and 56 females), leaving only 1 male and 15 females chargeable to Birmingham now in residence.

In the result the male side is now full, and there is a small excess on the female side. One of the wards usually occupied by men is still given up to the use of women.

During the year a good deal of general redecoration and improvements of the wards have been carried out. F.W. 7, which was severely commented on at the last visit, has now been dismantled, and is to be completely reconstructed with new flooring and various internal improvements which were much needed. While the work is being carried out its use for patients has been entirely discontinued. F.W. 1 and M. 6 (down) have been thoroughly redecorated and improved; the former was re-occupied a day or two back, while the latter will shortly be reopened as the admission ward on the male side, and has been equipped with a continuous bath. Much general redecoration has also been carried out at the laundry and the laundry ward. Further work of this character is to be taken in hand on various parts of the male side.

A scheme is being considered to give up one of the two general bath-rooms on the male side for the purpose of installing electric light plant. If this matures, plans of the proposals will be submitted to my Board, as although no structural alterations are involved, the bathing facilities of the male patients will be to some extent affected.

I found the patients of both sexes generally contented and free from complaints. They were quiet and orderly in their demeanour and tidy in their dress and personal appearance. Forty-three males and 25 females are of the private class, among the former being 24 “Service” patients, with the arrangements for whose care I saw no cause for criticism. All but two of them are in receipt of the 2s. 6d. weekly allowance either in money or in kind.

The general health of the institution to-day was good; 25 men and 41 women were confined to bed, but were there mostly for mental treatment or debility, and not for serious illness. Four patients (three male and one female) were suffering from dysentery, and 21 (11 male and 10 female) from tuberculosis. As regards dysentery, the conditions, for the time, at any rate, appear to be better than last year, but during the period under review there have been 66 cases (22 male and 44 female) of this disease, with seven deaths (one male and six female). The arrangements for isolating cases of infectious diseases of this character are better on the female than on the male side, as the women have the use of the isolation hospital, where they can be segregated, while no such facilities exist on the male side. Dr. Hughes and the Committee are thoroughly alive to

the very serious incidence of dysentery in this institution. There has been a sharp outbreak of influenza of a mild type during the last month, 57 patients and 18 of the nursing staff having been attacked.

With two exceptions the deaths were due to natural causes, tuberculosis being the cause in 14 cases, pneumonia in 9, and senile decay in 14. In one of the two excepted cases death was due to pernicious anæmia and cardiac failure, accelerated by injuries self-inflicted before admission; in the other the death of a female patient from acute lobar pneumonia who was found as the result of post-mortem examination to have eight fractured ribs, two Commissioners have recently held a sworn inquiry at the institution, and will report later on the matter.

The serious casualties are four in number, and resulted in fractured bones accidentally sustained.

The dinner to-day consisted of cold pressed beef, with potatoes, followed by bread and cheese. The patients had a well-nourished appearance, and from no one did I receive any complaint on the subject of the dietary.

The maintenance charges per head per week are 18s. 1d. for home, from 20s. 5d. to 21s. 7d. for out-county, and from 24s. 6d. to 27s. for private patients.

The question of starting periodical visits of a surgeon dentist is now being considered by the Committee, and I hope that the scheme will mature. The services of physicians and surgeons from the neighbourhood as consultants are always obtainable.

There is nothing in the returns on miscellaneous matters made annually to my Board which calls for special mention.

Dr. Hughes has the assistance of one permanent and one temporary medical colleague.

Somerset and Bath Mental Hospitals.—1. Wells.

January 12th, 1923.

I have been very favourably impressed with what I have seen at this institution during the course of my visit, and can report that it continues to be well maintained and administered by Dr. Shera for the benefit and comfort of those resident therein.

Since my colleagues' visit seven months ago, the following changes have taken place among the patient population :—

	M.	F.	T.
Admitted - - - - -	41	49	90
Discharged or removed - -	20	21	41
of whom had recovered - -	10	10	20
Died - - - - -	16	28	44

Five of each sex were allowed out on trial during this period, and there are to-day two men and one woman so absent. Money allowances were granted to four patients.

The above changes leave on the books the names of 777 patients, in the proportion of 323 males to 454 females; of these, 30 and 15, respectively, are classed as private patients, 22 of the former being of the "Service" class. Out-county patients number three—one male and two females—chargeable to Newport, (Mon.) and two to London unions.

The weekly maintenance charge has been reduced from 22s. 2d. per head to 18s. 8d., and for the private patients from 30s. 4d.—35s. to 21s. 28s. That for the out-county patients remains at 30s. 4d.

The total accommodation in the Asylum is for 389 males and 537 females; at the present time there are vacancies for 66 patients on the male side and for 83 on the female side. Male Ward 4 is closed, and so is the detached block, Female 10, while the day accommodation of Female Ward 7 is under repair, and not being used. I am glad to hear that the use of the latter ward as an "open door" ward is under consideration. Since the last visit the privilege of parole has been extended, and at present two men and 10 women have their parole to walk outside the estate, whilst 14 other women have parole in the grounds.

Other matters which have been attended to arising out of my colleagues report are : the issue of bread, which is now given at all dinners; the provision of lavatory basins, six having been provided and now in use in Female Ward 2, and the same number being fitted up in Female Ward 1; the heating of the single rooms in the north wing of Female Ward 3, which has been carried out; and the better ventilation of these rooms, which is in progress.

I have given, to the best of my belief, all those who are in residence the opportunity of speaking with me and stating any grievances; and, apart from appeals for discharge or return to their Poor Law Institution, and expressions of discontent from a few patients caused by their mental state, I have found the patients of both sexes quiet, well-behaved, and contented. They seemed to be on good terms with the staff, and were receiving proper care, nursing and attention. There were only five men in bed, but as many as 73 women, the majority being there on account of debility, or for rest on account of their mental state. No one was in seclusion, but during the last seven months it has been used in the case of two women on 121 occasions for a total of 441 hours. There has been no employment of mechanical restraint.

The mortality rate for 1922, calculated upon the average number of patients in residence—namely, 319 males and 455 females—was 10·65 per cent. for the males and 9·8 per cent. for the females, or 10·02 per cent for both sexes together, as compared with 9·2 each for each sex in 1921.

Of the 44 deaths that have occurred since the last visit, with one exception, they were from natural causes, and verified by post-mortem examination in 68 per cent.

The excepted case, which was the subject of the only coroner's inquest that was held, was that of a woman who died from shock following burns self-inflicted. The facts were fully reported to and considered by my Board at the time. The jury had considered that no blame attached to any of the staff.

The principal causes of death were senile decay in eight cases, or 18·2 per cent.; dysentery in seven, or 15 per cent.; tuberculosis in five, or 11·3 per cent.; and pneumonia in four, or 9 per cent. The only zymotic disease since the last visit has been 13 cases of dysentery in two male and 11 female patients, with fatal results in both the males and five of the females. The cases occurred in the months of July, October, November, December, and this month. To-day there are no patients suffering from this disease. But for this, the health of the institution has been very good.

There has been no serious casualty during the period under review, which speaks well for the care and kindness with which the nursing staff treat the patients.

The dress and personal appearance of the patients of both sexes were satisfactory. There appeared to be a good supply of outdoor garments on both sides.

The day rooms and galleries were very tidy and bright with plants and other objects, presenting a comfortable and homelike appearance.

The dormitories and single rooms were clean and well kept, the beds and bedding being in good condition and neatly arranged.

A dental room is being constructed out of the old scullery in the medical officers' quarters, and it is proposed to appoint a visiting dentist when this room is completed and fitted up. I hope efforts will be made to encourage as many patients as possible to use tooth brushes.

I saw an excellent dinner of roast pork, potatoes and turnips, with bread, and coffee for beverage, being served and partaken of in some of the male wards. I am glad to hear that the patients frequently have pork from the pigs reared on the farm, instead of their being sold for profit.

The nursing staff consists of the following :—

					M.	F.	T.
Charge	-	-	-	-	5	7	12
Ordinary	-	-	-	-	36	41	77
Night	-	-	-	-	4	6	10

No female nurses are employed with the male patients.

The hours of duty of the staff are 66, including meals; the men having 2½ hours off duty daily and one day's leave a week, while the nurses have two days' leave a week. Both sexes have 21 days' annual leave.

At the present time there is only one member of the staff, a man, who is in possession of a certificate of the Medico-Psychological Association. Lectures have been started again to instruct the attendants and nurses; but I regret to learn that the attendance at these is falling off.

Dr. Shera has the assistance of the same two medical colleagues—Dr. McGarvey and Dr. O'Reilly.

Somerset and Bath Mental Hospitals.—2. Cotford.

June 12th, 1923.

During the ten months that have elapsed since my colleague's visit to this Institution, the following changes have taken place among the patients:—

	M.	F.	T.
Admitted - - - - -	62	97	159
Discharged or removed - -	38	44	82
of whom had recovered - -	23	30	53
Allowed out on trial - - -	16	31	47
of whom granted allowances -	5	1	6
Died - - - - -	30	29	59

There are now on the statutory books the names of 698 patients, in the proportion of 279 males to 419 females; of these, 34 men and 26 women are classified as private patients, 24 of the men being "Service" cases.

There are only two out-county patients.

The maintenance charge per week has been reduced for the home patients from 21s. to 16s. 4d. per head; that for the private patients from 30s. 4d.—35s. 7d. to 23s. 4d.—26s. 10d. That for the out-county patients remains at 42s.

Two men and five women are at present out on trial. I notice that, of the 47 patients who were sent out on trial during the period under review, only six were granted money allowances. I agree with my colleague's remarks on this matter, and hope the Committee will make liberal use of their powers under Section 55 of the Lunacy Act.

The accommodation in the Asylum is for 368 patients on the male side and for 420 on the female. The latter division is practically full, while there are vacancies for 89 male patients. I understand that the question of female accommodation by use of some of the empty wards at the Wells Asylum will shortly come before the Joint Committee.

To the best of my belief, I have seen all the 691 patients now resident in the Asylum, and given to each an opportunity of speaking to me, and stating any grievance. Apart from the usual number of appeals for discharge, I received no complaints, either of unkindness on the part of the nursing staff or on the ground of the diet. The county patients' dietary scale remains much the same as on the last visit, and the Committee are awaiting the report of the Committee appointed by my Board before making any alteration. The diet of the "Service" patients has been assimilated to that of the private patients' scale, and is more varied.

The dinner to-day consisted of tinned meat and bacon with potatoes, salad and bread.

The patients of both sexes were quiet and orderly in their conduct whilst I was visiting the wards and the gardens, several of the females being in the latter. Their dress and personal cleanliness were also satisfactory.

The condition of the dayrooms, galleries, single rooms and dormitories was good; they were clean, tidily kept, and the former well-supplied with plants, books, papers and objects to interest and amuse

the patients. Nothing, however, has been done in the dormitories of the admission wards, as suggested by my colleague, to relieve their bareness. Some of his other recommendations and suggestions have been adopted. Male Ward 2 and the female general bathroom have been renovated; some couches have been provided for the epileptic patients, and nail brushes are now in all the lavatories. The mortuary is in process of being altered, and will provide good facilities for friends to view the body of a deceased patient.

Twenty of the male patients have parole on the estate, but only two are allowed to go outside unattended.

The miscellaneous returns for last year furnished to my Board do not call for any special mention. The attendance at the religious services and weekly entertainments were up to the average of asylums generally, and a good percentage of the patients, especially the men, were usefully employed.

The mortality rate for the year ended 31st December last (calculated as a percentage on the average number of patients resident) was for the men 14·93 per cent., and for the women 12·94 per cent., or a total for both sexes 13·78 per cent., as compared with 11·5, 10·6 and 10·5 for the three previous years. The increase is said to be due to the deaths caused by influenza last year. Of the 59 deaths since my colleague's visit, the principal cause in 23·73 per cent. was tuberculosis; and in connection with this disease, of new cases notified to my Board per 1,000 population for the year 1922, the incidence rate for this Asylum was 57·2 as compared with 17·1 for all mental hospitals, and the death rate was 32·3 per 1,000 as compared with 11·8 for all asylums.

Senile decay was the cause in 15·25 per cent. of the deaths, pneumonia in 13·56 per cent., and kidney disease in 10·17 per cent. All the deaths were from natural causes, with one exception. In this case an inquest was held, the verdict being that the patient died from septic bronchitis and pleurisy, the result of his having cut his throat before admission. Post-mortem examinations were made in the creditable proportion of 83·05 of the deaths.

The health of the patients is at the present time very good; of the seven men and 32 women whom I found in bed, few were seriously ill, and the majority were there for mental reasons or on account of old age. Active tuberculosis is now present in one male and nine female patients, who are as far as possible being nursed on the verandahs. There are no cases of enteric fever or dysentery, although of the latter disease there have been seven instances since the last visit on the male side. In February last, influenza attacked four male and seven female patients, and three members of the staff of each sex. There was one male patient's death from this disease.

Serious casualties involving fractures of bones have occurred in six instances—in five through accidental falls in the wards, and in the sixth through fighting with another male patient.

There has been no use of mechanical restraint or seclusion.

There are no alterations or improvements in hand. The two pairs of staff cottages, the plans for which were approved by the Minister of Health in March last, have not yet been commenced.

I suggest that a hand wash-basin should be provided near the water closets in the kitchen yard, where the male patients, who work in that department, can wash their hands; and also that glazed letter boxes should be provided in the wards, which should be cleared only by an officer.

The present nursing staff consists of :—

	M.	F.	T.
Charge - - - - -	7	8	15
Ordinary - - - - -	34	48	82
Night - - - - -	5	7	12

No female nurses are employed on the male side. There is no nurses' house here, and the staff sleep off the wards. All the dormitories have attendants or nurses sleeping in such close proximity they could be easily aroused in case of necessity.

Ten of the male and three of the female nurses are in possession of the nursing certificate of the Medico-Psychological Association, while five of the men and two of the nurses possess the certificate which the Institution itself used to grant. Eight attendants and one nurse have passed the preliminary nursing examination.

Dr. Aveline has the assistance of one permanent medical officer, Dr. Graham, who is at present away, and of two temporary medical officers.

Staffordshire Mental Hospitals.—1. Stafford.

April 27th, 1923.

Under the Staffordshire Asylums Act, 1922, which came into operation on April 1st last, a new Visiting Committee has been appointed out of the Lunatic Asylums' Board constituted for the entire County under the provisions of the Act, to carry out the powers and duties of the Board which have been delegated to them in connection with the administration of this Institution. We observe that so far no woman member has been appointed to the Committee.

This Institution continues to be very well managed. In spite of the age of most of the buildings, the accommodation is of a comfortable character and the amenities of the patients are very fully considered. The wards are well kept and supplied with objects of interest and amusement for their occupants, while the dormitories and the beds and bedding were in a very satisfactory condition.

The patients had a well-nourished appearance generally, and seemed for the most part to be contented; they were very orderly in their behaviour and free from complaints.

The changes among the patients since our colleagues' visit in February, 1922, include the following :—

	M.	F.	T.
Admissions - - - - -	111	136	247
Discharges or removals - -	64	110	174
„ upon recovery - -	30	59	89
Deaths - - - - -	42	32	74

There were to-day on the books the names of 885 patients in the proportion of 445 men to 440 women, all of them being in residence. The Institution is now practically full on both sides, though in the returns made to us there would appear to be over 40 vacancies on the male side. This, however, is due to the fact that the detached building, which was formerly used by the male patients working on the farm, is and has been for some time unoccupied. We visited this building to-day, and think that there are various uses to which it might advantageously be put, some of which we discussed with Dr. Shaw. These are matters which will require further consideration, both from the administrative and financial points of view. In our opinion, it would be unfortunate if a block so substantially built and occupying such a central position cannot be put to some valuable use.

There are 46 "Service" patients, to whom we paid special attention and satisfied ourselves that they are reaping the full benefit of the special arrangements made for them, and three patients chargeable to out-county unions.

Since the last visit, Male Ward 8 has been redecorated, as have also the day-rooms in Male Wards 9, 10 and 3, and Female Ward 3. Some external painting has also been carried out. The internal heating arrangements have also been thoroughly overhauled and made more efficient; additional radiators have been fixed in Male Ward 1 and Female Ward 1, and also in some of the corridors; the path under the north wall in the

airing court of Female Ward 7, where the most troublesome female patients exercise, has been asphalted.

The dinner to-day, which we saw served in several of the wards, consisted of a thick soup with bread, followed by a substantial jam tart; some additions have been made to the breakfasts and teas to vary the monotony of perpetual bread and margarine—porridge and milk is given for breakfast on three days of the week, and occasionally dripping, and for teas jam or treacle or cake on about three days a fortnight. We think strongly that some variety of this sort should be given daily. The knife boxes used in the day-rooms require attention—none of those which we looked at in the female wards had lists clearly inscribed on the lids with the actual number of the knives in use, for the purpose of safe keeping. This is a matter to which we have drawn attention on previous occasions, and is not unimportant.

The weekly maintenance charges are 21s. for home, 28s. for out-county, and 24s. 9d. for the "Service" patients.

The general health of the Institution during the period under review has been very satisfactory, and there has been practically no incidence of epidemic disease.

The 41 men and 47 women confined to bed to-day were chiefly there for mental treatment or debility and not for acute illness. There are no facilities for nursing new admissions, or other cases which would benefit by such treatment, in bed in the open air. Only nine patients (five men and four women) were to-day suffering from tuberculosis in active form, and it is satisfactory to learn that there has been no case of specific dysentery in the Institution during the period under review. Dr. Shaw has recently been investigating the causes of the high death-rate from microbic disease in Mental Hospitals, and the result of his research has been published in the current number of the *Journal of Mental Science*. It is clear that the mortality can be greatly curtailed by close attention to the hygienic details of ward management. The value of frequent scrubbing with soap and water is clearly shown, and there can be no doubt that systematic "Vacuum" dust extraction would be very beneficial to the health of the patients.

With two exceptions, the deaths were due to natural causes, general paralysis being responsible for 15 (13 men and 2 women), tuberculosis for 17, and heart disease for 23. In the two excepted deaths and in one other inquests were held, but there was nothing in any of them which calls for special mention.

The mortality rate for the year 1922 was 7·7 per cent. (8·5 men and 7·06 women).

There have been eight serious non-fatal casualties, all of them resulting in fractures of bones or sprains and accidentally sustained.

We should like to say one word on the subject of the women's clothing, to which we gave special attention. We were glad to find that consideration is being given to the cut and shape of under-garments, as well as to improvement in the patterns of dresses. We think there is still room for further improvement, and that it would add to the content and comfort of the patients if new, varied and more modern patterns of underclothing and dresses could be obtained and if less strong and coarse materials were used. We make the latter suggestion with a certain amount of hesitation, as we do not desire to increase materially the cost of clothing per head. With regard to improved patterns, no extra cost is involved, and we think that experiments as to materials for underclothing might usefully be made, and that it should be possible to find a thinner, and yet as durable, material for underclothing than the harsh linen now in use.

The Nursing Staff consists of the following:—

		M.	F.	T.
Charge	- - - - -	10	10	20
Ordinary	- - - - -	59	45	104
Night	- - - - -	9	9	18

No female nurses are employed on the male side; eight attendants and four nurses hold the preliminary and final nursing certificates of the Medico-Psychological Association, respectively.

Dr. Shaw has the assistance of two medical colleagues, and we were glad to notice the keen interest shown by all of them in the laboratory and clinical work.

Staffordshire Mental Hospitals.—2. Burntwood.

April 28th, 1923.

Under the provisions of the Staffordshire Asylums Act, 1922, which came into operation on April 1st of the present year, a new Visiting Committee for this Institution has been appointed from the members of the Board set up for the entire County under the Act. We are glad to notice that two of the members of this Committee are women.

This Institution continues to be administered on most satisfactory lines. Since the last visit of members of our Board, a considerable amount of general redecoration and renovation work has been carried out. A cinema has been installed at the rear of the Recreation Hall in an external fireproof chamber. A clinical laboratory has been equipped and opened, which will be of the utmost value; a dispenser has been appointed, and a dental room has been provided where the dental surgeon, who visits fortnightly, will carry on his operations to the best advantage.

We have found to-day all parts of the Institution in capital order. The wards and dormitories on both sides were well kept, the former being comfortable and bright, and well-supplied with books, papers, games, and other objects to interest and amuse the patients. The beds and bedding were in proper condition. The patients of both sexes had a well-cared-for appearance; they were neat and tidy, orderly in their behaviour and free from complaints. We have no doubt that they are receiving most kindly care and consideration. We were sorry to hear that the scheme of having a woman's club ward, corresponding to the ward on the male side where selected patients are allowed special privileges, has for the time been given up on the ground of expense; we hope that it may be found possible in the near future to revive it, as we are convinced that arrangements of this sort do much to promote the contentment of the patients, and help them to realise that their further detention in the Institution depends largely on their proving their fitness for discharge by their conduct and their powers of self-control.

Since our colleagues' visit in February, 1922, there have been the following changes among the patients:—

	M.	F.	T.
Admissions - - - - -	135	134	269
Discharges or removals - - -	90	107	197
„ upon recovery - - -	37	51	88
Deaths - - - - -	47	43	90

There are to-day on the books and in residence 865 patients, 420 being of the male and 445 of the female sex. The male side is practically full, but on the female side there are 42 beds vacant, and Female Ward 6 is at present unoccupied. Apart from the "Service" patients, there are only two patients of the private class and only three out-county patients. The "Service" patients continue to be mainly warded together in one ward on the male side, an arrangement which seems to work satisfactorily; they appeared to us to be receiving all proper care and attention, as is borne out by the report of the representative of the Ministry of Pensions who recently visited them. There are to-day 60 of them, and they include some of the most difficult patients to deal with.

We saw an excellent dinner of meat pie and potatoes, followed by tapioca pudding, served to some 350 patients of both sexes in the dining hall. We were struck by the excellent behaviour of this large body of patients. The proceedings were opened by the singing of grace to the

organ accompaniment and music was continued during the meal. We have been much pleased with the additions that have recently been made to the dietary. The dinners are substantial and varied, while for the breakfast and tea something extra is added to the ordinary meal of bread and margarine on every day of the week. We have seldom seen a better or more varied dietary.

The maintenance charges per head per week have recently been reduced to 21s. for home, 28s. for out-county, and 42s. for private patients.

The general health of the patients during the period under review has been good. The only epidemic or zymotic disease that has occurred has been influenza, which in a mild form attacked 17 patients, mostly in February, 1922, and in March of the present year. There have been no cases of dysentery reported, and to-day no one was suffering from this disease; there were 37 cases (18 males and 19 females), the subjects of tuberculosis, but of these only five were in active form, and were being treated in the infirmaries.

The mortality rate for 1922 was 10·22 per cent. (10·86 male and 9·23 female).

The 90 deaths which have occurred were all due to natural causes, and verified in the very satisfactory proportion of 90 per cent. by post-mortem examination. Six of the deaths were the result of general paralysis, and all of them male cases; 17 of tuberculosis, or phthisis; and 14 of senility. In one case an inquest was held. There have only been two serious non-fatal casualties, each being the fracture of a bone sustained in an accidental fall.

Seven patients have been allowed out on trial, but in no case was a money allowance during trial granted.

We paid particular attention to the patients' clothing, and should like to record our appreciation of the pains which have been taken to improve the women's dresses, many of which are now made in tasteful manner and in modern style. We think there is room for further improvement in the make of the underclothing, which could, with no extra expense, be made more in accordance with that which is worn by women at the present day. The men's clothing is good and the materials well chosen, and we were glad to see that all the men are supplied with night shirts.

The nursing staff remains practically at the same strength as at the last visit, but one charge and two ordinary nurses by day have been added on the female side. No female nurses are employed in the male wards.

Dr. Spence has the assistance of two medical colleagues, and the medical records are well kept and up to date.

Staffordshire Mental Hospitals.—3. Cheddleton.

April 26th, 1923.

On the 1st of April in the present year the Staffordshire Asylums Act, 1922, came into operation under which a Lunatic Asylums Board has been constituted for the entire County, consisting of 29 representatives of the County and 27 representatives of the County Boroughs. In accordance with the provisions of the Act, the Board has appointed out of their own body a Visiting Committee for each of the three institutions of the County, to which the Board have power to delegate such of their powers and duties (not being a power to borrow money or to raise contributions) as they may from time to time think fit, but the acts of every such Committee are except so far as the Board may otherwise direct, to be submitted for approval to the Board.

Under the Act a new Committee has been appointed for this institution, but we notice that, so far, no woman member has been appointed to this Committee.

This institution is maintained in excellent order throughout, the wards especially those on the female side, being most attractive, with an abundant supply of plants and flowers, and with no lack of objects to interest

and amuse their occupants; the condition of the dormitories and the bedding were all that could be desired. Much attention is given to the clothing of the patients, the materials being various and well selected, and the dresses of the women being in most cases specially fitted. We especially noted the adequate supply of great coats for the men.

The patients of both sexes presented a well-cared-for appearance; they were very quiet and orderly in their behaviour, and though we had a certain number of appeals for discharge, we received no complaints on other matters.

We paid close attention to the nursing of the sick and the methods of dealing with newly admitted cases. We hope that it may be possible in time to provide verandahs for the nursing in the open air of cases which would benefit by such treatment, and more convenient clinical rooms in connection with the admission and infirmary wards would be desirable. But we were very well satisfied with the general arrangements, including the nursing by female nurses of one of the wards on the male side, which is having very good results.

Since the last visit 14 attendants' houses have been built and new airing courts have been provided to Wards 23 and 24 on the female side, to which sun shelters are going to be added, and the paths are to be asphalted. The ward gardens are a distinct and pleasing feature of the institution. Work is now in progress with 10 additional attendants' houses and in connection with the new water supply from the Cheadle Rural District Council. We should like to see a rather better arrangement at the mortuary, so as to enable friends to view the bodies of their deceased relatives under more comfortable circumstances. We would also suggest the provision of knitting machines, which would enable patients' stockings to be made on the premises, and would create a new and interesting form of occupation.

The arrangement by which some of the patients are allowed to stay up till 10 o'clock is much appreciated, as well as the provision for them of light forms of refreshment.

The changes among the patients that have occurred since our colleagues' visit in February, 1922, are the following :—

	M.	F.	T.
Admissions - - - - -	129	156	285
Discharges or removals - - - - -	67	81	148
„ upon recovery - - - - -	37	41	78
Deaths - - - - -	50	50	100

There are to-day on the statutory books 1,004 patients, of whom 552 are of the male and 452 of the female sex. With the exception of one man and one woman away on trial, all were in residence to-day. The private patients number 25, and there are in addition, 58 "Service" patients. These men were visited early in the present year by a representative from the Ministry of Pensions, who gave a most favourable report of the conditions under which they are living, with which we are in entire agreement. The out-county patients number 21, of whom 20 (15 male and 5 female) are received under contract from the borough of Swansea. There is, according to the official estimate, vacant accommodation for 20 men and 38 women, but on the actual number of beds in position, the institution is practically full. It must be remembered that Ward 17 on the female side is at present occupied by low-grade imbecile boys. The arrangement which exists for receiving in this institution in F.W. 16 and 17 juvenile patients from the county and making special provision for their care is working satisfactorily. In these wards to-day there were 36 girls and 40 boys respectively, and they appeared to us to be receiving most excellent treatment under most kindly nurses. In the absence of a certified institution under the Mental Deficiency Act, we regard this as a good temporary arrangement.

All these patients are of a very low type, but, even so, we would suggest the advisability of enabling the charge sisters to visit other institutions for

defectives, such as the Royal Eastern Counties Institution at Colchester, or Meanwood Park, near Leeds, so as to inform themselves as to how much can be done in the way of training defectives of these low grades.

The dinner to-day consisted of a substantial meal of mutton, with potatoes and haricot beans. We saw the meal served in the dining hall to 250 men and 220 women, as well as in several of the wards. It was nicely served and evidently appreciated. We had no complaints on the subject of the dietary, and are glad to notice that efforts are made to vary the monotony of the ordinary breakfasts and teas of bread and margarine by the addition of porridge and milk at the former and of jam, marmalade and cake at the latter.

The weekly maintenance charges are 21s. for home and 28s. for out-county, and 42s. for private patients.

One man has had to be mechanically restrained on numerous occasions by fingerless gloves to prevent interference with the dressing on a cut throat, but there has been no use of seclusion.

All the deaths were due to natural causes, though in one case an inquest was held, owing to the suddenness of the death from cardiac failure; 9 per cent. of the deaths were due to general paralysis (7 male and 2 female), 12 per cent. to tuberculosis and pneumonia respectively, 16 per cent. to heart disease, and 9 per cent. to senile decay. The causes of death were verified by post-mortem examination in the excellent percentage of 95 per cent. The laboratory work appeared to us to be maintained at a high standard.

The mortality rate per cent. for the year ended on December 31st last was 7.52 (males 6.61, and females 8.65).

The general health of the institution to-day was quite satisfactory. Of the 30 males and 28 females confined to bed, the large majority were there for treatment of their mental disorders or for debility, and not for serious illness. During the period under review, especially in January of the present year, there were 23 cases of dysentery, all but five occurring on the female side. No one was suffering from this disorder to-day, and there were only two cases, one on each side, of tuberculosis in active form. One female patient has died from enteric fever.

Serious but non-fatal casualties are confined to two cases of fractured bones, both accidentally sustained.

The nursing staff consists of the following :—

	M.	F.	T.
Charge - - - - -	11	13	24
Ordinary - - - - -	45	35	80
Night - - - - -	8	14	22

There are in addition, 18 ward maids on the female side; five female nurses are employed by day on the male side and three by night. Of the attendants and nurses, 19 hold the preliminary and 15 the final nursing certificate of the Medico-Psychological Association. The hours of duty have been slightly increased, and consist now of a 53-hour week, exclusive of meal times, with 14 days' annual leave. The nurses' club which has been started on the female side appears to be a great success.

Dr. Menzies has the assistance of two medical colleagues, and may be congratulated on the excellent condition in which we have to-day found the institution.

Suffolk District Mental Hospital.

December 18th, 1923.

The changes that have occurred amongst patients—admissions, discharges and deaths—since my colleague's visit on March 28th, 1922, have left on the books the names of 958 patients, 455 of these being of the male and 503 of the female sex. To-day, of this number, one man was out on trial, and one woman temporarily absent on leave at Ipswich and East Suffolk Hospital for operation, reducing the total number actually in residence to 956. Of the latter number, 46 are in the "Service" class and

seven are private patients. Of rate-aided cases all except four, who are all chargeable to different districts, are home-county patients. According to the estimated accommodation in the return made to my Board in January of the current year, the number of patients now on the books would appear to show an overcrowding of 27 on the male side and 30 on the female, with a total surplus of 57. In order partially to relieve this congestion and provide a few beds for further admissions, negotiations are pending for the removal to Canterbury of some 40 female cases. The maintenance rates are at present 18s. 1d. per week for home, 25s. 1d. for out-county, and 35s. for private patients.

To the best of my belief, I saw all patients in residence, and found them tidy in their dress, remarkably orderly in their behaviour, and free from complaint; even requests for discharge were very few indeed, and there was an unusual air of contentment throughout and no excitement. Patients presented a healthy, well-nourished appearance, and only five cases were actively tuberculous—two on the male and three on the female side.

Of the 165 patients in bed, nearly 46 per cent. were under special nursing care for mental reasons, the remainder being for the most part cases of senile or other debility, persons suffering from chronic disease associated with their insanity, or the subjects of temporary ailments—colds, for instance, were prevalent. There was no acute sickness, and no dysentery or other infectious disease under treatment. The sick wards possessed all the amenities of the wards of a general hospital, and sick patients throughout appeared to be receiving all necessary medical and nursing care and attention. The intimate knowledge of each case shown by the medical staff was very pleasing, and the care exercised in keeping full notes of cases very satisfactory.

The buildings are maintained in good condition; a great deal of re-decoration has been carried out of late, and some is now in progress. I found the wards and dormitories homely in appearance and in excellent condition, well provided with books and papers and objects of interest to patients. The beds also were well kept, and left nothing to be desired.

All deaths (113 in number) have been due to natural causes, the principal being senile decay in 43 cases; tuberculosis, heart disease and exhaustion due to mania in 10 each; and pneumonia and epilepsy in eight each. The low percentages of deaths from pneumonia and tuberculosis are especially interesting.

The serious but non-fatal casualties since the last visit were four in number, all dislocations or fractures of bones due to accidental falls.

The dietary scales for each week during the past six months were produced to me. These records provided evidence of the exercise of considerable thought and care in the supply of a variety of food, for which I understand the House Steward, to whom Dr. Whitwell delegates the catering, is mainly responsible. There is no doubt that the good health of the institution, and the contentment of patients, are in great measure due to the particular attention paid to this detail. It seemed to me, however, that present efforts in catering for patients would be materially assisted, and even greater variety be obtainable at reduced cost, by the installation of more up-to-date kitchen equipment. When finances permit, the Committee would be well advised to give this matter their consideration.

The present staff of attendants and nurses is as follows :—

						M.	F.	T.
Charge	-	-	-	-	-	11	9	20
Ordinary	-	-	-	-	-	47	39	85
Night	-	-	-	-	-	8	8	16

Thirty attendants and five nurses are in possession of the nursing certificate of the Medico-Psychological Association, and six of the former and two of the latter have passed the preliminary examination for the certificate. The staff appeared to me to be well chosen and efficient.

Dr. Whitwell continues to show the utmost keenness in his administration of the institution, and is evidently intent on keeping it up to a

high state of efficiency. He has the assistance of Dr. Burke as senior assistant, and Dr. Haslam.

Surrey Mental Hospitals.—1. Brookwood.

October 23rd, 1923.

We have to-day completed the inspection of this institution, which we commenced yesterday, and can report that it continues to be well maintained and administered for the benefit of those resident therein.

Since our colleagues' visit, 13 months ago, the following numerical changes have taken place among the patients :—

	M.	F.	T.
Admitted - - - - -	143	188	331
Discharged or removed - - -	154	143	297
Of whom had recovered - -	28	53	81
Allowed out on trial - - -	17	46	63
Of whom granted allowances -	6	7	13
Died - - - - -	40	59	99

Of the above numbers who were discharged, 23 men and 30 women were handed over to their friends on undertakings under section 79 of the Lunacy Act, and 84 men and 60 women represent transfers to other mental institutions.

There were, when we commenced our visit, on the statutory books the names of 498 male and 818 female patients—a total of 1,316. One man and three women are now out on trial, leaving 1,312 patients in residence, all of whom, we believe, we have seen and given an opportunity of stating any of their complaints or grievances.

The only patients of the private class are 26 male “Service” patients, whom we found receiving the privileges due to them.

Out-county patients number nine men and 84 women; of the latter, 46 are received under contract from Napsbury Mental Hospital and 28 from the borough of West Ham. Thirteen of the other out-county patients are chargeable to various metropolitan unions, and the remainder to provincial unions.

The weekly maintenance charge for the home and out county patients (other than those received under contract) is 18s. 1d. per head. The charge for the Napsbury patients is 28s., and that for the West Ham ones 35s. per week. The reduction in the maintenance rate from what it was at the last visit—27s. 5d.—has chiefly been effected by drawing on the large surplus that had accumulated in the maintenance fund. The actual cost of maintenance during last quarter was 20s. 8d. per head per week.

The total accommodation in the hospital, having due regard to day and night space per patient, is for 560 men and 833 women—a total of 1,393. The average number of patients resident during the year ended December 31st last was 549 men and 815 women. The tendency to overcrowding which was referred to in the report of our colleagues has been avoided by the termination of the contract with the London County Council and the removal of some of the Napsbury patients. There are now vacancies for 63 patients on the male side and 18 on the female side.

By the absence of noisiness, their general demeanour and many appreciative remarks as to efforts made on their behalf, we thought the patients seemed as a whole very contented. The few patients we saw wearing their own clothing evidently like this privilege, particularly the women who are allowed to make their own “jumpers,” etc., and we hope the practice will be extended as widely as practicable. We had several representations as to discharge, into each of which we inquired. The only complaints we had as to treatment came from an elderly woman (A.B. in Ward E, admitted October 20th, 1920). She was in bed in a single room because of her frail, restless condition. She said that about an hour or two before we visited the ward she had got out of bed to look for something

and had been pushed down, striking her head on the floor, by two nurses. Her sight is very bad, and she could not recognise or name either, but in a vague, confused manner she attempted to identify the nurse accompanying us, and within reach of her hand at that moment. As we found a vertical abrasion on the centre of her forehead, with some developing redness around, and as nothing seemed known of the incident, we made full inquiries on the spot. We ultimately ascertained that the head nurse of the block of which E is one of the six wards, who was not with us when we commenced our inquiries, had, while with a medical officer in a single room near by, actually seen what took place—namely, that the patient, being partially blind, had walked into and bumped her forehead against the edge of an adjoining door, which, though fully thrown back, protruded a few inches from the wall. The head nurse had herself assisted her back to bed, and asked her at the time if she had not hurt her forehead; the nurse whom the patient attempted to identify was, in point of fact, also with the doctor at the time, and the appearance of the abrasion exactly tallied with the edge of a door having caused it, and we left completely satisfied as to the entirely accidental nature of the occurrence.

From our examination of the dietary scales for both patients and staff, from the observations during mealtime yesterday and to-day, and from the inquiries we made in the kitchens, butcher's shop and stores, we are well satisfied with the results of the careful attention that has been given here to the very important matter of dietary, and monotony in breakfasts and teas has been largely abolished. Improvements, too, have been effected in the dietary of the staff. Except for the fact that yesterday the second course seemed served too hurriedly and before the first had been finished, the meals were well and nicely served. We had a few comments as to the absence of fish, the future supply of which, we understand, is now under consideration.

With the exception of the evening of the weekly entertainment—at which we should like to see a higher attendance than indicated by the annual returns—no supper or ration is given between tea at 5.30 p.m. and breakfast next morning, nor are there any "sitting-up" arrangements after 7 or 7.30 p.m. for patients of the able-bodied, trustworthy and industrious class. The institution of this practice, coupled with the issue of a light supper ration to such patients, would, we believe, be greatly appreciated, would be regarded as a welcome reward for industry and good behaviour, and would stimulate other patients to do likewise. No one has parole beyond the hospital grounds, but within them we are glad to see that 44 men have this privilege, and doubtless this wise practice and the proportion (8 per cent. of the men) will be extended as time goes on. The absence of detached villas for this class of patient, we know, is a handicap; but, if at all practicable, we should like to see at least one ward on each side run on the open-door principle, affording all its occupants during the daytime egress to the ward-garden, and preferably to the grounds as well. One is partially already so run on the female side.

The paramount need, however, at this institution is, in our opinion, better and more modern arrangements for the admission, study, and treatment of new patients well separated from old and protracted cases, with an auxiliary small villa on each side for convalescing cases. Commendable effort continues to be made in what is wanted in this direction out of the existing structure; but, besides the absence of other desiderata, the type of single room used for the bed treatment of new admissions in the receiving wards (No. 1 on each side), the absence of clinical rooms, and the unavoidable mixture in the ward gardens of new with so many cases of long duration and confirmed insane habits, are so severe a handicap to modern medical requirements, that, as did our colleagues, we would express the hope that, when the accommodation provided between the two county mental hospitals for Surrey needs to be augmented, the earliest step will be the provision at Brookwood of an admission hospital on modern lines, small villas for convalescents and somewhat larger ones for trustworthy patients.

While the cost of the hospital unit cannot be light, none of the villas need be otherwise than simple and inexpensive.

The same opportunity, we trust, would also be taken—if in the meantime no existing rooms are available for adaptation—to provide an operating room, and clinical laboratory. Work requiring laboratory investigation is by no means neglected here, and material is regularly sent to the Virol Institute; but for adequately routine investigation this can never really take the place of work done in the hospital's own laboratory by one of the resident medical staff or a part-time visiting pathologist and with the help of a technical assistant.

Accidents and casualties have been few (seven in all), and call for but little comment. A fall from a hayrick caused a dislocated shoulder, and is an example of risks properly taken to secure occupation of patients. The cause of a fractured leg could not be ascertained, but was believed to be spontaneous, due to the condition of the bone. A fractured thigh accidentally sustained, accelerated death, and was the subject of one of the six inquests that have been held. One of them was upon a woman who died under anæsthesia in the course of an imperative operation; and another was upon a woman who had fractured her spine before admission; a fourth was upon another woman whose death was due to sepsis following upon a hairpin getting into the bladder.

Apart from the foregoing four cases, all the 40 male and 59 female deaths were due to natural causes, verified by post-mortem examinations in 42 per cent. of these cases. We hope that every reasonable effort will be made to teach friends of deceased patients the protective as well as scientific value of these examinations, and so gradually to increase this proportion. Senile decay was the principal cause in no less than 36 per cent. of these deaths—a fact which, coupled with mild nature of some of the senile patients as to whose cases we obtained information, invites inquiry whether a number of senile cases in whom acute symptoms have passed away might not be sent to their appropriate poor-law institution, or, perhaps, home under section 79 or 57 of the Lunacy Act.

The patients in bed were some 37 on the male and 64 on the female side—that is, 7·6 per cent. of the total in residence. None had a bedsore, and all, we are sure, are in receipt of due care and attention. We thought that a supply of small bed-tables for those unable to use the existing ones of large type would be a boon to several patients, and were glad to hear that the stretcher beds—too narrow, we think, for longer than temporary use—will shortly be replaced by beds of hospital pattern.

There has been very little of infective disorders—none among the staff; a few cases of influenza at the end of last and beginning of this year; one case of dysentery on each side; and, besides six male and eight female deaths from tuberculosis, there are at present 13 men and 27 women known to be suffering from tuberculosis, as to whose segregation good care is taken.

There has been no mechanical restraint or seclusion employed since the last visit.

The fabric of the institution is well maintained, and several alterations and improvements have been completed during the year. Among them may be mentioned the verandah at F. 10 E ward, and a kitchen in the same ward, and the rearrangement of the printers', shoemakers' and tailors' shops.

The dayrooms, galleries, side rooms and dormitories were clean and tidy and well supplied with plants, books, papers, etc.; the beds and bedding were neatly arranged, and were clean.

The nursing staff is substantially the same numerically as mentioned by our colleagues last year. We were surprised to learn that, notwithstanding the size of this institution, there is no night officer on either side. We hope that consideration will be given to this matter, and would suggest that, in view of the many less male than female patients, perhaps one female officer, if thoroughly competent and well trained, might suffice for supervision by night of both sides.

Dr. Lowry has to assist him as medical colleagues Dr. Brooks Keith as Deputy Superintendent, and two other resident medical officers, one of whom is on a temporary footing. Besides the dentist, who visits fortnightly, the Committee have just appointed a visiting physician (Dr. Adie) and a visiting surgeon (Mr. Higgins), besides whom an ophthalmic surgeon also visits. This is all to the good, and we are very glad to hear about it. Indeed, this spirit of progress tempts us to suggest that, conversely, the special experience in mental disorders of the medical staff here might well and wisely in the county's interest be made use of, for instance, in the out-patient department of one or more of the general hospitals within the county. The prompt treatment of incipient mental illness at such centres would probably cut short many an attack, and, besides its humanitarian aspect, would then save the expense of ultimate institutional treatment for such cases.

Surrey Mental Hospitals.—2. Netherne.

November 28th, 1923.

We have this day completed the annual visit on behalf of our Board to this Institution, which we commenced yesterday. In Dr. Coombes' absence yesterday we received every assistance from his Deputy, Dr. Webber, and this morning we have had the advantage of seeing Dr. Coombes, and discussing several matters with him.

Since our colleagues' visit, 13 months ago, the following numerical changes have taken place :—

	M.	F.	T.
Admitted - - - - -	248	135	383
Discharged - - - - -	116	89	205
Of whom had recovered - - -	18	46	64
Transferred to other care - -	79	10	89
Allowed out on trial - - - -	22	47	69
Died - - - - -	42	35	77

In the above numbers of male patients who were admitted and discharged are 69 ex-Service men from the Ewell Neurological Hospital, who, being admitted as rate-aided patients, were transferred to the private class, and appear among those discharged, and again, among those as admitted. Of the total number discharged, 15 men and 34 women were discharged to the care of their friends or relatives under the provisions of sections 72 or 79 of the Lunacy Act. Among the numbers transferred to other care, are included 26 London County male patients transferred to the Worcester County Mental Hospital at Powick, on the termination of the contract, and 36 "Service" patients to other institutions.

The above changes leave on the statutory books the names of 951 patients, in the proportion of 397 males to 554 females, of these, 108 men and 62 women are classified as private patients, 74 of the former being of the "Service" class. Out county patients number 28 males and 46 females 13 of the former and 33 of the latter sex being received under contracts with the Counties of Middlesex and Suffolk and the Borough of Brighton. The remaining 28 out-county patients belong to as many as 23 various Unions.

Three men and four women are now out on trial. We notice that of the 69 patients who have been out on trial during the period under review, only 13 or 18 per cent. were granted money allowances. We hope that the Committee will use their powers under section 55 of the Lunacy Act generously in this respect, as relief from financial anxiety on first return home does much towards convalescence.

There are now in residence 394 males and 550 women; all of whom have been to the best of our belief seen by us and given an opportunity of stating any grievance to us.

The average number of patients resident during the year ended 31st December last was 388 men and 548 women.

According to the return of accommodation made to our Board, which is for 382 male patients, and 570 female patients, there is overcrowding on the male side to the extent of 15 patients, while on the female side there are but 16 vacancies.

The weekly maintenance rate has been reduced for the Home patients from 21s. to 18s. 1d. That for the Brighton Borough patients—all boys—is for 31s. 6d., and for the Middlesex patients is 28s. The charge for private patients is now from 35s. to 63s. a week.

We found the patients of both sexes very quiet and orderly in their behaviour, and entirely free from any complaints on the grounds of harshness or unkindness on the part of the nursing staff. They were tidy and clean in their personal appearance and clothing; and we were glad to notice a variety of cut and style among the dresses of the women, and that many of them are allowed to wear their own clothes.

The beds and bedding were clean and sufficient, and were very neatly arranged so as to show the number of each article at a glance.

The fabric of the Institution both inside and out, is maintained in first rate order. Generally there is a good supply of plants and flowers in the wards, and objects to interest the patients, but we should like to see in the ground floor dormitory of the Admission Hospital on the female side, some plants and pictures, as it is so important to make this ward especially as attractive in appearance as possible.

There appeared throughout the wards to be a great dearth of books and bound periodicals, and we should like to see some cage birds distributed through the day-rooms. On the male side, among the ten wards, there were but three billiard tables, and in one of the wards, accommodating "Service" patients, the lack of one of these tables, and of a piano was especially mentioned to us by the patients.

The buildings were properly heated, but in the main wards there were no open fires, and one or two of these in some of the wards would have added to the comfort of the patients.

Since the last visit a cinema operation room has been erected at the rear of the recreation hall, and cinema exhibitions are given once a week, in addition to one other associated entertainment.

In course of erection are 12 new cottages for the staff.

The death-rate continues to be satisfactorily low. During 1922 it was 8·2, 10·3 among the males and 6·7 among the women—figures which closely approximate to those for 1921.

All the 42 male and 35 female deaths—two of the latter being subjects of inquests—were from natural causes. While general paralysis was the cause in 26 per cent. of the male deaths, there was not a single fatality from it among the women, nor was there at the end of last year any such case in residence on the female side. Senile decay was in 18 per cent. the cause of death.

Tuberculosis, fairly equally distributed as to sex, was the cause in 14 per cent. of the deaths. This proportion may indicate that this communicable disease prevails here to a greater extent than is safe to assume from the fact that at present its instances, so far as known, are limited to four cases, all patients, on the female side, and suggest—besides maintaining a watch on patient's weights and the introduction of plenty of fat into the dietary—the wisdom of an adequate physical examination of every patient at least once a year, and the systematic examination of sputa; it and the fact that as many as 10 per cent. of the deaths are returned as from maniacal or melancholic exhaustion, strengthen our desire to see the proportion (54 per cent.) of the deaths verified by post-mortem examination considerably augmented. Apart from the medical information which these examinations furnish, they have a high protective influence, and we hope, in the case of relatives who object to these examinations, efforts will be made to point this out to them.

Casualties of at all a serious nature have been very few—two cases of dislocation and one of fracture, all these accidentally sustained. While their number, high or low, is doubtless often fortuitous, it is only fair to

remember that many a casualty is saved by tact and watchfulness on the part of the nursing staff; they and the medical staff are also entitled to credit for the fact that among the 77 deaths, there was only one bed-sore, and again only one among the 48 male and 61 female patients whom we saw in bed.

We found many other evidences, too, that the patients in bed (11·5 per cent. of the total in residence) are in receipt of careful and good care. We should have liked to see perhaps more charts in evidence, and we think that some additional bed-tables would be appreciated—including some small ones to serve as trays, and others on wheels long enough to span the bed. We also think that for the more aseptic keeping of surgical dressings, and the training of staff in these matters, the introduction of a good hospital trolley into each nursing dormitory would be an advantage. We noticed with satisfaction that of the 18 patients in bed in single-room, not one (save in the case of the padded room) was without a bedstead, and we were told that by the use of low bedsteads when necessary, the same applies throughout the hospital by night. Of the patients in bed, about 12 were under verandahs under which some additional 10 cases sleep at night, but on both days of our visit we could not help feeling that the use of the shutters in front of these excellent verandahs was not really necessary and that, besides curtailing the open-air character of the verandahs, it darkened the adjoining room and interfered with its cross ventilation.

Among the medical resources of this hospital, which are many, there is one important absence to which we desire to draw particular attention: namely, the fact that there is no clinical laboratory in which routine work as an aid to bedside examination, as well as in furtherance of post-mortem studies, can be carried on as part of the medical life of the institution—either by a member of the resident medical staff or by a visiting pathologist, and the services of a technical assistant. We hope that favourable consideration will be given to this matter.

We saw a good and evidently appreciated dinner partaken of in the wards yesterday. Save that in some wards the second course was placed on the tables before the first had been finished, it was well and nicely served. Plates are warmed by hot water from the taps in the ward kitchen; here the provision some day of gas warmers would be a boon. A hot roast pork dinner is only given to the private patients, and, knowing its popularity, we hope it may weekly or fortnightly, when in season, be extended to the others. By the introduction of porridge, dried fish, tinned and sausage meat, and jam or marmalade, any monotony in breakfast and teas has been much eliminated; but there is still one breakfast and four teas at which no addition to bread and margarine is made. We should like to see suet used where possible, in lieu of margarine in the puddings; and the milk allowance in the patients' tea and cocoa increased, and some of the items in the staff dietary struck us as somewhat on a low scale.

The present nursing staff consists of the following:—

					M.	F.	T.
Charge	-	-	-	-	10	13	23
Ordinary	-	-	-	-	43	59	102
Night	-	-	-	-	8	9	17

No female nurses are employed with the male patients, except in the North Villa, where are 25 idiot and imbecile boys.

Fifteen of the male and 23 of the female nurses possess the nursing certificates of the Medico-Psychological Association, whilst 16 other male and 15 other female nurses have passed the preliminary examination.

There is still no officer on duty by night here. We fully appreciate the inequality of the two sides as to numbers, and we would again strongly urge upon the Committee that favourable consideration should be given to the appointment of another Assistant Matron, trained in general as well as mental nursing, whose duty (perhaps in turn with the other

Assistant Matrons) should be the supervision at night of both sides. Besides the protective value of such supervision she could train juniors in night nursing, and also might be a great relief to other officers at the important time of getting patients up in the morning.

Dr. Coomber has three resident medical colleagues to assist him. We record with satisfaction that the Committee have appointed a Dental Surgeon who visits regularly, and a visiting physician, and visiting surgeon: the last two at present only visit when called in for consultation and operations.

East Sussex Mental Hospital.

December 5th, 1923.

In the course of a long day spent here yesterday, I saw most parts of this hospital—including all the wards and villas—and, to the best of my belief, all the patients in residence.

Since the visit by my colleagues in June last year, the following improvements have been effected:—(1) An excellent and well lit dental surgery has been provided and very well equipped; (2) Some additional fitted hand-basins have been put in; (3) Also an additional washing machine in the laundry; (4) A motor-car shelter has been erected; (5) the heating of the Church has been improved—where also, by the generosity of the staff and others, some embellishments have been added; and (6) the well-boring near the weighbridge has been extended.

As the last mentioned item of work was not found likely to supply all the water required, the Committee decided to sink a new well, and to construct in connection with it a reservoir; these works, which are in progress, will, it is hoped, be completed before next April and, though costly (£10,000), will place the hospital's water-supply—a service of prime importance—beyond fear of shortage.

Other important matters are under consideration with a view to their being taken in hand immediately. Among these may be mentioned:—(1) the provision of an operation room—the need for which is emphasized by the considerable amount of surgical work undertaken here, mainly by the resident medical staff; (2) a nurses' infirmary, which will restore for patients an eight-bedded dormitory in A2 at present used for this purpose; and (3) extensive additions to the nurses' home.

With regard to the surgical work, while it is highly creditable that the resident staff can perform it, I cannot but feel that the wiser practice is to entrust it to a visiting surgeon—and it is very satisfactory to learn that the committee have appointed one on the medical staff, and are also now advertising for a visiting ophthalmic surgeon; my view is based on the admitted fact that an important part of modern mental treatment demands a great deal of time from mental hospital doctors, including personal interviews with patients, which may sometimes extend to as much as an hour each.

The plans for the operating room will, I hope, allow for the ultimate provision of an X-ray installation, the high value of which in mental hospitals is steadily making its way felt.

The enlargement of the nurses' home will restore wholly for patients' use a female villa which at present serves entirely for sleeping accommodation—night nurses upstairs and patients on the ground floor, and will materially add to the comfort of the nursing staff. When these arrangements mature, it will doubtless be possible to adjust the classification of patients in these detached buildings—of which, apart from the admission and the isolation hospitals, and the one for imbecile children, there are four; these four, I feel, might with advantage be run on the open-door principle for able-bodied, industrious and trustworthy patients. The system of parole is, indeed, as I was glad to find, fully recognised here—38 men (8 per cent.) and 8 women having their parole within the grounds; but no villa seems at present to be wholly classified for this purpose. It would mark the intended homelike character of these four villas were:

names given to them—such as “Farmstead” for the one at the farm—in lieu of their being designated alphabetically as at present.

Later on, I hope, the Committee will revive their projected provision of verandahs at the admission hospital and the infirmary wards; for, though I know that this deficiency is met in summer months by the commendable efforts of the staff in carrying patients on wicker beds to and from the gardens, I saw yesterday a number of cases in bed in dormitories, who undoubtedly would benefit by open-air treatment. Some re-arrangement at the admission hospital would be involved and would, I hope, lead up to more conveniently situated clinical rooms being available, to the installation of means for giving “continuous baths” and by the use of one villa on each side—to the removal of convalescing patients from the admission hospital. This last desideratum is suggested because of my strong belief that on attaining convalescence, patients should be removed from contact with cases in acute phases of mental illness and from the restrictions necessarily involved; efforts are, in fact, made to do this within the hospital now.

Since my colleagues’ visit nearly 18 months ago, 150 male and 241 female patients have been admitted. There have been 38 cases transferred to other care and 183 have been discharged—of whom 153 had recovered. In connection with these discharges, in as many as 132 cases the valuable practice of previous allowance out on trial had been followed, and in 46 per cent. of these the Committee had made a pecuniary grant. I was also glad to learn that the help which the Mental After Care Association can often bestow in rehabilitating many of these patients is fully appreciated. The deaths have numbered 137.

These changes leave on the books the names of 473 male and 702 female patients, of whom—including 34 Service cases—56 males and 44 females are of the private class. One man and 5 women were absent on trial, so that the total in residence was 1,169. Besides 7 out-county cases temporarily here, there are 5 women under contract with the committee of the Brighton Borough Mental Hospital, 85 males and 159 females belonging to Hastings, and 9 males and 2 females under contract with the Eastbourne authority with whom, I understand, negotiations are pending for the reception at Hellingly of some juvenile imbecile cases.

Based upon the accommodation as returned to our Office, there thus appear to be 2 cases in excess on the male side and overcrowding to the extent of 58 on the female side.

The weekly maintenance charge for home and casual out-county cases is 21s. a head, and this fairly represents the actual cost; but, to work off a surplus at the bank, it is intended shortly to reduce the charge to 19s. 3d. That for contract cases is 28s. 6d. and 31s.; for private patients it is 38s. 6d.

The death rate for 1922, calculated as a percentage upon the average number resident, was 11·7 (13·1 for males, 10·8 for females). The corresponding percentages for 1921 were 11·5 (9·6 and 12·9) and for 1920 they were 8·0 (7·9 and 8·0). These figures are somewhat higher than in many mental hospitals, not improbably explained by the fact that, with the exception of 1918, the death-rate here during the war was nothing like as high as in many other similar institutions.

Among the 70 male and 67 female deaths were those of two women, one of whom was found drowned while out on trial, and one whose death was due to septic pneumonia, which followed severe self-mutilation of her tongue during acute mania. Apart from these cases, upon which and in one other instance inquests were held, all the deaths were from natural causes, verified by post-mortem examination in 63 per cent. of the total of 137. In order to augment this percentage, I hope that persistent efforts will be made to impress on relatives the protective, as well as scientific, value of these examinations. The arrangements at the mortuary for viewing deceased patients by their relatives, though in most respects nice, seemed to me capable of improvement, and I made some suggestions as to the provision of curtains. The causes of death include tuberculosis

in 11 cases or 8 per cent., dysentery in 2 male and 5 female cases, and general paralysis from which 15 men (21 per cent. of the male deaths) and one woman died.

Dr. Taylor thinks that general paralysis is less frequent here than it used to be; but he is considering giving a trial to its treatment by induced pyrexia, for which some success has been claimed.

There has been an absence of infective disorders among the staff, and they have been confined, as respects the patients, to tuberculosis and dysentery. Tuberculous cases here have been notified to our Board during 1922 to the extent of 18·6 per 1,000 resident, but, though this is slightly higher than the average, I believe that this is due to commendable vigilance and that its real incidence is rather less here than in many mental hospitals; nevertheless, to promote its still further reduction, I would urge, in addition to existing measures, that a physical examination of every patient should be made at least yearly. There are at present 11 male and 9 female patients under treatment. The position as to dysentery is, I am afraid, less secure. It is so far satisfactory that there are at present only 4 cases, all women, under treatment; but, in the period under review and excluding cases of severe diarrhoea (of which during 1922 there were 11 males and 23 females), there have been 13 male and 36 female cases of dysentery, of which disease there had been previously between April, 1921, and June last year, 101 cases (23 males and 78 females). By the use of a ward on each side, good care is taken to segregate all active cases and a proportion of those who have passed through an attack; and the clothes and linen, etc., of diagnosed or at all suspected cases are sterilized in a disinfector—in which connection my colleagues advised the provision of large tanks filled with live steam by which the cold water, in which the articles are first placed, can be brought to and maintained at boiling point for half an hour or so, thereby saving much of the damage to articles which I gather now occurs. But, despite all these precautions, the fact remains that scattered through the hospital there are probably a considerable number of latent cases whose potentiality as a source of infection cannot be ascertained without the vigorous application of bacteriological inquiry which, according to the advice of experienced workers, is liable to be fallacious if reliance is placed upon material sent away for examination. Some work is now in progress in the laboratory, but I feel sure that Dr. Taylor and his medical colleagues, agree that much more is desirable: a technical assistant seems essential, and I trust that the consideration that is being given to the matter will result in the prosecution of laboratory work here on a scale commensurate with the importance of this large hospital.

The condition of the building within and without is excellent and all the wards are in first-rate order. There seemed to me a great shortage of books: for instance, seven in B1 and twelve in D1, and the fact that practically all these had been handed to individual patients suggests that probably many more would be utilized. The patients are well clad and much pains are being taken to avoid an institutional appearance in their clothing. Save in exceptional cases, only private patients wear their own clothing; a wide extension of this privilege, at least as regards suits, dresses and boots, deserves a trial in those cases whose friends on notification care to supply the articles in question. I saw a very good dinner and tea served in the wards yesterday and, from also a perusal of the diet scale upon which a great deal of thought has evidently been bestowed, it is not surprising that I received no sort of complaint as to food; indeed, apart from representations as to discharge, which were not numerous, the patients generally seemed very contented.

Under treatment in bed were 30 men and 43 women; in all 6·2 per cent. of the patients in residence. Of these, 7 of each sex were in bed, as recent admissions, and 17 others were being so treated for mental symptoms; 16 men and 17 women were in bed in single-rooms. The inquiries I made as to each of these 73 cases, satisfied me that the nursing and medical attention they receive is of a high standard, and the care taken in the

charting of particulars—including hours slept, etc.—is very satisfactory. The cupboards in which medicine, dressings, etc., are kept, were all in good order; but, for the more aseptic keeping of the dressings and the training of the staff in these matters, the provision in each of the infirmary wards of a hospital trolley would be of service.

Besides the matron, the chief male nurse and their deputies, the nursing staff comprises 69 male and 110 women nurses of whom 9 and 17 respectively are for duty by night; and of the women nurses, 10 (including one for night duty) form the staff of two of the men's wards. The highly creditable proportion of 60 per cent. of the men possess the nursing certificate of the Medico-Psychological Association, as also do 24 per cent. of the women, and I am very glad to learn that most of these have duly recognised the importance of registering themselves under the General Nursing Council. It is with particular pleasure that I record the Committee's decision to obtain a Sister Tutor, whose duties will be mainly, if not entirely, teaching the staff on both sides.

Dr. Taylor has to assist him as resident medical colleagues, Dr. J. N. G. Nolan (as Deputy Superintendent) and two others, in the absence of one of whom a temporary medical officer has been obtained. For one of these, who is married, quarters for his family have been provided; but, while the arrangement appears to satisfy existing requirements, I hope that the absence of a detached house in connection with the Deputy's post will be borne in mind and some day be made good.

Dr. Taylor continues to prosecute important out-patient treatment of mental cases at the Princess Alice Memorial Hospital at Eastbourne. By the occasional re-notification of these facilities and by a communication to the family doctor in the case of every patient on admission to Hellingly, I hope that this work will extend, and that a demand for it will arise at other centres in the country. Its value is scarcely yet fully recognised, but I am sanguine that, when it is fully developed, the Committee, besides their satisfaction in knowing that patients receive early treatment, will find it reflected by a reduction in the number requiring treatment as in-patients at Hellingly.

West Sussex Mental Hospital.

February 23rd, 1923.

I have to-day paid the annual visit on behalf of my Board to this Hospital, and can report that it continues to be very ably administered by Dr. Kidd, and to afford excellent accommodation and treatment for those resident therein.

Since my colleague's visit, nine months ago, the following changes have taken place among the patients :—

	M.	F.	T.
-Admitted - - - - -	64	64	128
Discharged or removed - - -	24	33	57
Of whom had recovered - - -	9	13	22
Died - - - - -	3	7	10
Allowed out on trial - - - -	9	16	25
Of whom granted money allowance -	3	8	11

The above changes leave on the statutory book the names of 727 patients in the proportion of 297 males to 430 females; 37 of the former and 26 of the latter are classified as private patients, 26 of the men being of the "Service" class. Thirty-one of the men and 49 of the women are out-county cases, 30 men and 15 women being received under a contract with Croydon Borough, and 30 women under a contract with the Napsbury Asylum of Middlesex; the remaining out-county patients are chargeable to five different unions.

The weekly maintenance charge has been reduced since the last visit from 31s. 6d. to 28s. for the home and out-county patients not under contract. This sum is likely to be further reduced in the near future.

The rate for the contract cases is 31s. 6d. per week, and for those of the private class from 29s. 2d. to 105s.

The total accommodation estimated as in the return made to my Board is for 323 males and 442 female patients, and on this calculation there are vacancies for 26 males and 14 females. At the present time one ward on each side (wards D) is not used for the accommodation of patients; that on the male side being used as regards the day-room, as a staff recreation room, and the dormitory being closed, and that on the female side being used for the accommodation of the female nursing staff. It is to be hoped that the Committee will, as soon as opportunity occurs, make other provision for the nurses, and restore the ward on the female side to its proper use for patients. If the necessity for the use of the male ward arises, it can be easily restored for patients' accommodation. Each ward has some 32 beds. With the exception of two females all the patients whose names are on the books were in residence to-day, and to the best of my belief I have seen them all, and given them the opportunity of speaking with me. One woman is on trial, and another is boarded out with her friends.

I found the patients of both sexes very free from complaints or expressions of any grievances. Good order, and contentment prevailed throughout the wards, and the condition of the patients as regards dress and personal tidiness was satisfactory. Parole is given to 14 men and 18 women within the Asylum estate, and 7 men, and 4 women are allowed to walk out alone beyond the grounds.

The men of the Service class are being properly cared for, and are receiving the privileges they are entitled to. They were visited by Dr. E. Prideaux, Headquarters Inspector of the Ministry of Pensions, last November. He made a favourable report to his Ministry of the conditions affecting their treatment and general welfare.

Of the 20 men and 46 women who were confined to bed during my visit, none were seriously ill, and the majority were there for rest, or under treatment for mental reasons. Some were in bed for colds, of which there has been a certain amount lately.

The mortality rate for the year ended 31st December last, calculated on the daily average number of patients resident during the year, namely 265 males and 397 females, was very low, being 3·3 per cent. for the males, and 2·5 per cent. for the females, or 2·8 per cent. for both sexes together.

Of the 10 deaths—3 male and 7 female—that have occurred during the past nine months, all were from natural causes verified by post-mortem examination in 9 instances. One inquest was held on a woman who died from congestion of the lungs, and toxæmia due to temporary idiosyncrasy, and in consequence of the taking of sulphonals, which had been properly administered as part of her treatment. The only instance of zymotic disease since the last visit is of enteric fever in two female members of the staff, one of them being still under treatment, and on the way to recovery. Two female patients are considered typhoid carriers, and they, with five other contacts, are isolated in the isolation hospital.

Four men and nine women are now suffering from tuberculosis in some form, and are generally being treated on the verandahs. There has been only one instance of at all a serious casualty—a male patient sustaining a fracture of a rib by being pushed by another patient against the arm of a settee on which he was sitting. No mechanical restraint has been used, and only seclusion in a few instances—namely, in the case of one man and seven women on 14 occasions and 21 hours in all.

I saw a good dinner of baked fish and potatoes being partaken of in some of the female wards, and the patients made no complaint as to diet.

From the miscellaneous returns for last year furnished to my Board the numbers of patients attending the Church of England services, and the weekly entertainments were satisfactory, being 50 per cent., and 55 per cent., respectively. The weekly average number of patients usefully employed during the year was good, 82 per cent. of the men and 67 per

cent. of the women being employed in some way or another. The fabric of the Institution is well maintained, and the day-rooms, galleries, and dormitories were bright, clean, and comfortably arranged. The beds and bedding were clean and tidy. The gardens and grounds are in good order and well kept.

The present nursing staff is as follows :—

	M.	F.	T.
Sisters - - - - -	—	5	5
Charge - - - - -	5	3	8
Staff - - - - -	17	6	23
Ordinary - - - - -	21	38	59
Night - - - - -	6	10*	16

No female nurses are employed on the male side.

Twenty-three of the men and 15 of the nurses are in possession of the final nursing certificate of the Medico-Psychological Association, while 17 men and 29 nurses have passed the preliminary examination. These numbers are satisfactory.

Mr. Kidd has the assistance of two medical colleagues, Dr. S. Nix and Dr. E. E. Rollins. I regret that the Committee have not yet seen their way to appoint a third assistant medical officer. One result is that bacteriological and other laboratory work is at a complete standstill and the well-equipped laboratory is unused.

Warwickshire Mental Hospital.

November 30th, 1923.

At my visit, yesterday, to this hospital I was exceedingly sorry to hear that Dr. Miller has been very unwell for the past three weeks, and quite unfit for duty. I was able to see him for a few minutes in the evening, and to wish him on my behalf and that of my Board a speedy recovery to health again.

In his absence it is very satisfactory that I am able to report most favourably of the condition in which I found the hospital, and of the care and kindness with which the patients are treated. This latter I learnt personally from the statements made to me by many of the patients, the great majority of whom were cheerful and friendly, and evidently very well disposed to the members of the staff in charge of them.

They appeared to be in excellent health, and throughout the building were very quiet and orderly in behaviour, even though in almost every ward the patients are of a very mixed character, as is shown by the fact that in all but two wards on the female, and one on the male side, there are acutely suicidal patients, epileptics and troublesome patients mixed with others who are quiet and even convalescent.

Their clothing was of good quality, and I was glad to hear that much effort is made to improve the style of the garments, and to know that many are allowed to wear their own clothes; but I thought there was some shortage of stock on the female side, and I hope that in future inventory boards, kept up to date, will be placed in each ward.

The diet was very well spoken of, and appears to be ample in quantity, and to be so arranged that there is no longer monotony in any meal, both breakfasts and teas having some extra dish provided on every day in the week except one. I hope, however, that it will be found possible to issue the margarine to the wards daily, instead of twice weekly, and that, in future, extra diet sheets will be issued to each ward, instead of to the infirmaries and admission wards only, as is now done.

The wards were well kept, and much painting and redecorating has been, and is now being, carried out. An ample supply of books and magazines is provided for the patients' amusement, and I was much interested to hear from the Chaplain of his arrangements for ensuring that

* Including 1 night sister.

no patient who wishes to read is forgotten, and to see the excellent library of which he is in charge.

I was informed that each charge nurse has a plentiful supply of writing-paper for the patients' use, and hope that before long letter-boxes may be placed in each ward, where the patients can post their own letters. The key of these boxes should be in charge of a head official only.

As the result of the changes which have taken place amongst the patients since my colleagues visited in July, 1922, there are now on the books the names of 1,088 patients—452 men and 636 women; but to-day 19—8 men and 11 women—were away on trial, and were not seen by me.

Of this number, 57 men and 51 women are classed as private patients, 42 of the former being "Service" patients, and seven men and four women are chargeable to out-county unions. There are now vacancies by day for 12 and by night for 16 men; but there is overcrowding on the female side by 39 by day and 34 by night.

The maintenance charges are 20s. 5d. for home, from 31s. 6d. to 35s. for out-county, and from 31s. 6d. to £4 4s. for private patients.

Trial, which has been used in the case of 160 patients, is given not only as a test for recovery, but also with a view to discovering whether patients are fit to live with friends, though still mentally unwell, but in only five of these cases was a monetary grant made by the Committee. I hope in future a grant will always be given to any patient who is in the least likely to benefit by receiving it.

The chief causes of the 77 deaths were general paralysis in 18 instances—17 men and one woman—tuberculosis in 17, and senile decay, heart disease, in 10 each.

Inquests were held concerning eight deaths, three being due to heart disease and one to fracture of the skull following an accidental fall. None of them call for particular notice.

The notifications of patients suffering from tubercular disease number 14·9 per 1,000 of the population, as compared with 17·1 per 1,000 in all mental hospitals, and the deaths from this cause 16·8, as compared with 11·8 for all hospitals. It is hoped that all patients will be given as much open-air treatment as possible, and that this, assisted by the ample diet, will tend to diminish the frequency of the disease. To-day six women and 3 men are known to be suffering from tuberculosis, and I hope every effort will be made to keep them segregated from disease.

Except for one case of dysentery on the male side and two isolated cases of influenza, there has been no epidemic disease during the period under review.

The patients are encouraged to occupy themselves both out and indoors, and I was interested to hear that gardening and poultry-keeping has recently been started for the female patients, and that they are said to take to this kind of work well.

On the male side I noticed a number of young boys in the adult wards. Most of them were of very low mental grade, but three or four, whose cases I discussed with Dr. Leech, appeared to me to be trainable, and proper persons to be taught in an institution for defectives, where proper facilities exist for their education. I hope the Committee will consider whether such an institution cannot be found for them.

Aperient medicines are still issued to the wards in stock bottles, and are given to patients on a general medical order. This system appears to me to be open to considerable abuse, and I would again urge that only the doses ordered by writing by a medical officer should be sent to the wards.

The staff now consists of 53 male and 84 female nurses for day, and 10 men and 12 women for night duty.

Of the former 32, and of the latter 35, have passed the final examination of the Medico-Psychological Association, and a number of others of both sexes have passed the preliminary examination.

A dentist has been appointed and attends once a month. I am sure his services will prove to be of great value, but I should think an attendance at least once a week would be necessary to get really good results.

Dr. Miller still has the assistance of Dr. Leech and Dr. Mary Littlejohn. The latter was away on leave, so Dr. Leech was alone with a *locum tenens* to help him. He accompanied me round the building and readily gave me all information and much assistance.

Isle of Wight Mental Hospital.

September 10th, 1923.

Since my colleague's visit to this institution, nearly 18 months ago, the following changes have taken place amongst the patients :—

	M.	F.	T.
Admitted - - - - -	29	63	92
Discharged or removed - - -	13	53	66
Of whom had recovered - -	10	40	50
Allowed out on trial - - -	8	33	41
Died - - - - -	13	9	22

The above changes leave on the books the names of 334 patients in the proportion of 120 men to 214 women. Nineteen men and 42 women are classed as private patients, seven of the former being of the "Service" class. Two men and three women are at present out on trial, leaving 118 men and 211 women in residence.

I notice that of the 41 patients mentioned above as having been allowed out on trial, to only two of them were money allowances granted. I hope the Committee will make full use of their powers under section 55 of the Lunacy Act in this respect, as relief from financial anxiety when a patient first returns home helps to complete his convalescence.

The accommodation as returned to our office is for 123 males by day and 111 by night, and on the female side, including the private villa, for 213 women by day and 200 by night. The night accommodation is therefore at present slightly overcrowded. A proposition is before the Board to provide an admission ward on each side, and to add a storey on the two dormitories which are at present of only one floor. This will, however, supply but a few extra beds, and the time may not be far distant when further extensions will be required.

To the best of my belief I have seen all the patients of both sexes in residence, and given them an opportunity of stating any grievances. Generally, I found them very contented and free from any complaints. A few made appeals for discharge, but, as usual, these were from those least suited for it.

The men and women were tidy in their dress and personal appearance, and I was glad to notice that my colleague's suggestion as to an improvement in the style and cut of the women's dresses had been carried out. His other suggestions have also been carried out. The heating arrangements have been seen to, and are said now to be satisfactory. The Board's suggestions as to the treatment of foul linen have been adopted, and a good deal of redecoration of the wards and dormitories has been carried out, and some is now in progress. A visiting dentist has been appointed and the necessary equipment will be obtained for him.

The maintenance charge for the home patients has been reduced from 28s. a week to 23s. The charge for out-county patients of whom at present there is only one—a woman—remains at 35s., and for private patients from 35s. 9d. to 109s.

The health of the institution during the period under review has been very good. There has been no instance of any epidemic or zymotic disease; and of the 16 men and 26 women in bed only two men were at all seriously ill; the majority were old senile cases, and the others were in bed for rest or on mental grounds.

The mortality rate for 1922, calculated on the daily average number resident during the year, which was 115 men and 208 women, was as low as 6.08 for men and 4.32 for women, or 4.95 for both sexes together.

All the 22 deaths since the last visit were from natural causes, verified in 13 instances by post-mortem examinations. Some difficulty is, I learn,

experienced in getting the relatives to agree to these examinations, but I hope they will come to learn their value both from the protective as well as the scientific side.

The chief causes of the 22 deaths were : General paralysis in 13·64 per cent., heart disease in the same proportion, arterio sclerosis in 22·72 per cent., and kidney and brain disease in 9·09 per cent. each. No inquests were held.

Serious casualties were limited to three cases—one of a male patient who dislocated his shoulder in a fall, another of a female who fractured her wrist in an accidental fall, and the third in a female who broke her nose in a fall in a fit.

There has been no employment of mechanical restraint, and I notice that in the register that there has never been any employed since the opening of the asylum.

Seclusion has been resorted to in the case of seven men on 25 occasions, and of one woman thrice.

Generally speaking, the wards were very tidy and well kept, but it struck me that there was a lack of plants, flowers, papers, books, etc., in F. ward No. 5, where the more unruly women were. Some of the airing courts on the female side were somewhat untidy, and the asphalt paths rough and cracked, due to upheaval by tree roots.

I visited the mortuary, and have made some suggestions to Dr. Erskine, whereby the arrangements for friends to visit the bodies of deceased patients might be improved.

From the miscellaneous returns for last year I find that the attendances at the religious services, and at the weekly entertainments, were good, and the percentage of the patients walking out beyond the asylum estate was above the average of asylums generally. The percentage of the number employed was, however, below the average, especially on the women's side. Men are employed in the kitchen ; this is a department which I think women could be usefully employed.

One of the male wards is set aside as a "club" ward, and those who desire to do so can sit up later in the evenings there than in the other wards. Parole is allowed to 22 men in the grounds and to two men beyond the asylum estates.

The nursing staff consists of :—

	M.	F.	T.
Charge - - - - -	4	5	9
Ordinary - - - - -	15	29	44
Night - - - - -	4	6	10

Four of the men and two of the women hold the Medico-Psychological Association's nursing certificate, and four of each sex have also passed the preliminary examination.

Dr. Erskine may be congratulated on the state in which I found the institution. He has the assistance of one medical colleague, Dr. Cameron, who is at present away on leave.

Wilts County Mental Hospital, Devizes.

January 10th, 1923.

I have to-day paid the annual visit of inspection on behalf of my Board to this institution, and can report that it continues to be well maintained and administered for the welfare and comfort of those resident therein.

Since my colleague's visit, four months ago, the following changes have taken place among the patients :—

	M.	F.	T.
Admitted - - - - -	27	36	63
Discharged or removed - - - - -	7	14	21
Of whom had recovered - - - - -	2	14	16
Died - - - - -	11	11	22
Allowed out on trial - - - - -	3	11	14

There are to-day on the statutory books the names of 435 males and 537 females as patients; one man and two women are out on trial, leaving 969 patients in residence, all of whom, to the best of my belief, I have seen and given an opportunity of speaking with me. Thirty-nine men and 20 women are classified as private patients, 35 of the former being "Service" patients, and one other, a criminal. There are 10 out-county patients chargeable to as many various unions.

The weekly maintenance rate has been reduced for the home patients from 22s. 2d. per head to 19s. 6½d., and for the out-county ones from 28s. 2d. to 25s. 6½d.; that for the private patients remains at 30s.

The total accommodation in the asylum estimated as in the return made to my Board, is for 413 male and 569 female patients, so, upon this calculation, the male side has an excess of 22 patients, whilst there are 32 vacancies on the female side. The average number of patients resident during last year were 421 men and 521 women.

The use of the new block is still under consideration, and I fully endorse the opening remarks of my colleague on his last visit, and hope that a beginning will be made to use it, and that at least one ward on each side will be furnished and opened for the reception of new cases, and others, who will benefit by the treatment which the verandahs there afford. The opening of these wards will relieve the congestion in the main building, and facilitate classification. With regard to the baths in the new block it would be as well if one bath in each ward on the ground floor on each side were fitted up or use as a "continuous bath."

I found the patients of both sexes generally very contented, and on good terms with the nursing staff. Apart from appeals for discharge, chiefly from people who were obviously unfit for it, I received no complaints of ill-treatment or unkindness, except from one man, whose mental state was such that I could place no reliance on his statements.

The "Service" patients, who are distributed throughout all the male wards according to their mental state and conduct, appear to be well cared for, and to be receiving the privileges of their class. Dr. E. L. Forward, the Headquarters Inspector of the Ministry of Pensions, visited the institution on November 21st last and examined all the "Service" patients in residence. He has made a favourable report on his visit, but expressed a hope for the improvement in the dietary. This question for the whole of the patients of both sexes has been the subject of special consideration by a sub-committee of the Visiting Committee, who have reported, and whose recommendations as to improvement and variety in the dietary have been adopted, and have been in operation since the 15th of last month. The provision of improved equipment in the kitchen is still under the consideration of the Committee.

I saw a good dinner being served and partaken of in some of the male wards. It consisted of roast beef, potatoes and haricot beans, with bread, and coffee as a beverage. In some wards aluminium plates, basins and mugs have taken the place of earthenware, and seem to answer their purpose well.

The general health of the institution is good. Of the 46 (23 of each sex) who were confined to bed during my visit, most of them were there on account of their senility, or for mental reasons. The only case of zymotic disease during the past quarter was one of dysentery in a female patient, who subsequently died of senile decay. At the present time there are six instances of active tuberculosis—four male and two female. They are properly segregated and cared for.

The mortality rate for the year ended on December 31st last, calculated on the daily number of patients resident, was 9 per cent. for the males, and 7·6 per cent. for the females, or 8·2 per cent. for both together. Of the 22 deaths (11 of each sex) which have occurred since the last visit of a Commissioner, all were from natural causes. The Coroner held inquests in two instances, both female patients, in one where death was found to be due to senile decay and arterial sclerosis, but accelerated by an accidental fall six weeks previously. The verdict in the other case was "starvation due

to persistent refusal of food whilst of unsound mind." This woman died two days after admission to the asylum, but had been to some extent artificially fed here. The principal causes of death were senile decay in eight cases, or 36·3 per cent.; general paralysis in three cases, or 13·6 per cent.; and heart disease in the same number.

There have been no serious casualties during the period under review, nor has there been any employment of either mechanical restraint or seclusion.

I found a good proportion of the patients being employed; 57 women were working in the laundry, and 37 in the workroom, besides others sewing in the wards. About 75 of the men are employed on the farm and gardens, 14 in the shops, and five assisting the engineer and smiths. The percentage of the weekly average number of patients employed during last year works out at 61 of both sexes.

The percentage of patients attending the church services is 24—a low figure—which may be accounted for by the small size of the chapel. No services other than of the Church of England are at present held.

The fabric of the institution is generally well maintained; some re-decoration has recently been done, especially on the female side, and the wards and dormitories looked bright and clean. Some of the airing court paths, particularly male courts 2 and 3, require repairing. There are several holes, which to-day were full of water.

The dress and personal tidiness of the patients of both sexes were generally satisfactory, but in one female ward there were some very shabby dresses, to which the patients themselves drew my attention. I noticed that on neither side were nightshirts or nightdresses, except short jackets for the women, in use. I hope, as occasion offers, these may be provided, a beginning being made in the hospital wards, and where the patients are confined to bed.

None of the male patients are shaved, and those who desire to be have to resort to the use of pumice stone. I hope that arrangements may be made for those men who desire to be shaved to be done, and with safety razors.

Generally there was a good supply of games, books and papers to interest the patients in the day rooms; but I think it would be a good thing if a cinema apparatus could be installed at the end of the recreation hall, and there would seem to be no structural difficulty in this respect. This form of entertainment has proved very popular in similar institutions where it has been provided.

The nursing staff consists of:—

	M.	F.	T.
Charge - - - - -	11	11	22
Ordinary - - - - -	33	48	81
Night - - - - -	10	11	21

Six of the female nurses are employed in the male hospital.

Nine of the male staff hold the nursing certificate of the Medico-Psychological Association, but only one nurse. Six attendants have passed the preliminary examination, but, so far, none of the nurses.

The hours of duty of the nursing staff is 66 weekly, with 3½ days off a fortnight, and three weeks annual leave.

Dr. Cole has the assistance of the same two medical colleagues.

Worcester County and City Mental Hospital, Powick.

January 31st, 1923.

As the result of the changes which have taken place amongst the patients since the last visit there are now on the books the names of 891 patients, 349 males and 542 females, and all were in residence to-day except two of each sex who were away on trial.

The total accommodation provides for 529 men and 622 women, so that there are vacancies for 180 of the former and 80 of the latter and

there are still in the institution 62 women and 3 men chargeable to out-county unions, 60 of the former being Birmingham cases. All the Oxford patients have been returned to their own institution, and 30 of the Birmingham patients return very shortly to one of the Birmingham asylums.

The patients classed as private number 51 men and 7 women, and of the former all but 10 are Service patients.

The maintenance charges are 22s. 2d. per week for home, 28s. and 29s. 9d. for out-county and 28s. for private patients. At my visit to-day I went into all the wards and other parts of the buildings and I gave to all the patients an opportunity of speaking to me. I found the patients' quarters comfortable and well kept and the patients themselves quiet and generally very contented. A number of the patients expressed gratitude for the kindness that has been shown them, and from no one did I receive any complaint as to their treatment. Many asked for their discharge, but in each case I satisfied myself that they were properly detained. I noticed one or two patients, who, I thought, might be allowed to live at home if their friends were willing to take care of them, and in this connection I suggested to Dr. Fenton that use might be made of "trial" for any case who, though far from mental recovery, might be capable of living at home.

Only 8 patients, all men, are allowed parole within the grounds, though on the female side one ward has the doors opening into the airing gardens left continuously open. I hope the system of giving parole may be increased and also that other wards may be used as open door wards. In these wards, too, I would suggest that the blocks might be removed from the windows, so that they would open to the full extent. This would to some extent do away with the feeling of being locked in, besides greatly improving the ventilation of the wards.

The patients were well clothed as far as the quality of the materials, and the quantity of the garments are concerned, and I was glad to hear that every effort is being made to improve the style of the garments as opportunity occurs.

The classification of the patients has been carefully carried out as far as the construction of the building permits, but the accommodation for the recent and recoverable cases is far from ideal. I discussed this matter with Dr. Fenton, who is fully alive to the need for improvement, and made one or two suggestions for his consideration. I consider this of such importance that I would even suggest that some beds might be given up in one or two wards if the improvement cannot be carried out in other ways.

I hope letter boxes in which patients can post their own letters, and of which the key will be only in the hands of an officer, may be placed in each ward.

The health of the patients has been good, and I am glad to be able to note that there has been no case of dysentery on either side since August, 1921. During the period under review, 61 patients and 12 members of the staff have been attacked by influenza, and two patients, one of each sex, by enteric fever. The cause of these two cases could not be discovered, and in all probability it must be put down to the still defective water supply. I understand the Committee are still discussing this matter, and the manner in which it shall be remedied, and I hope they will be able to come to a conclusion and to take action at the earliest possible moment. All the deaths were due to natural causes, and no inquests have been held. Phthisis was the chief cause, accounting for 10 of the 58 deaths. To-day the institution is free from enteric fever, dysentery, or active cases of tuberculosis, and I have no doubt that the great care taken in dealing with foul linen and in looking after the personal cleanliness of the patients has helped considerably in bringing about such an excellent state of affairs.

I was surprised to hear that in this large mental hospital no provision is made for a married assistant medical officer, and I hope the Committee

will consider the question at an early date, as unless at any rate the senior medical officer is given the advantage of home life, it is unlikely that the Committee will be able to retain his services for any length of time.

Dr. Fenton now has the assistance of Dr. Boyd, Dr. Romer, and Dr. Inglis, and I should like to congratulate him on the condition in which I found the institution to-day.

Worcestershire Mental Hospital, Barnsley Hall.

November 16th, 1923.

As the result of the changes which have taken place amongst the patients since the last visit by my colleagues, there were to-day on the books the names of 745 patients, 327 men and 418 women, and all were in residence and were seen by me, except 9 women who were away on trial. Of this number 61 men and 80 women are classed as private patients, 18 of the former being Service patients, and 107 men and 109 women are chargeable to out-county unions; 93 of the former and 107 of the latter being chargeable to Birmingham.

As the total accommodation only provides for 285 men and 340 women there is overcrowding by 42 on the male and 78 on the female side, but I understand some, at least, of the excess number will before long be moved to Powick. I hope this will be done with as little delay as possible.

I was glad to see that 58 patients have been allowed to go out on trial, and to learn that trial is used with a view to finding out if patients are fit to live in the care of their friends, though not recovered, as well as a test for recovery; but I must again note that in no case was an allowance of money granted to trial cases by the Committee. I would refer the Committee to the remarks made by my colleagues on this question in February, 1922.

The maintenance charges are 20s. 5d. for home, 28s. for out-county and 35s. for private patients, but patients chargeable to Birmingham are still taken at 15s. per week.

I found the institution generally to be in excellent order and the patients' rooms were comfortable, extremely well kept and well warmed.

The patients themselves presented a healthy appearance and were generally free from complaint. They were as a rule quiet in their behaviour, but I was struck by the somewhat large numbers of patients who show destructive habits, and who are inclined to be excitable and violent. Their presence renders the necessity for reducing the overcrowding, which is marked in wards on both sides, of urgent necessity. This overcrowding is especially marked in D.1 on the female side, where beds are placed every night in one of the day rooms.

The patients are well and tidily dressed, and it was very pleasing to note the endeavours that are being made to introduce new styles of garments; and the care which is taken to provide special clothing for each patient, which he or she will retain for their own use whatever ward they may be in.

One ward on each side is used as an "open door" ward from which patients can come and go at will, and I hope further wards may be used in the same way before long, and that in some of them the sashes of the windows may be unlocked so that the windows may be opened to the full extent.

The general health of the patients has been very good, and it is very satisfactory to be able again to report that the institution has been free from dysentery. Only 3 patients, 1 man and 2 women, are known to be suffering from tuberculosis, and these are nursed in single rooms off the infirmary wards.

During the 21 months under review there have been 76 deaths, the chief causes of which were pneumonia in 12 instances, general paralysis in 7, organic brain disease in 7, and tuberculosis in 6.

Three inquests have been held, but the circumstances of each were reported to my Board at the time, and they call for no further mention here.

There have been nine serious, but not fatal casualties, concerning one of which the Committee held an inquiry, as the patient sustained a fractured jaw whilst struggling with a male nurse. The inquiry showed that no blame attached to the nurse.

The staff now consists of 40 male and 52 female nurses for day, and of 6 male and 8 female nurses for night duty.

I regret that the Committee have not yet seen their way to appoint a visiting dentist, and hope they will, before long, reconsider their decision. If one were appointed, as is so usual in other like institutions, he would in the first instance be able to attend to the mouths of new admissions and afterwards to the needs of other patients, and I have no doubt that great gain would result from his treatment, not only to the general health of the patients, but also as a help towards their mental recovery.

Dr. Hughes has the assistance of two medical colleagues, Dr. A. H. Firth and Dr. A. E. Dunlop.

Yorks.—North Riding Mental Hospital, Clifton, York.

December 20th, 1923.

As the result of my visit to this hospital yesterday, I can report that it continues to be maintained in very good order. All the wards seemed to me comfortable, well warmed—despite the coldness of the weather—and well found in the way of objects of interest and amenities. I was particularly glad to notice that the supply of the latter, including plants and flowers, books and papers, was as good in the wards occupied by the more troublesome patients as elsewhere, and that in every ward these advantages were all readily accessible to the patients. The purchase of a couple more billiard tables is about to be made.

Since my colleague's visit on May 9th last year, the addition to the nurses' home, by the purchase and adaptation of an army hut, has been carried out and affords satisfactory bed-rooms for twelve more nurses; a cinematograph chamber has been erected in the recreation hall; the alterations at the kitchen have been completed, and include the provision of a fish-fryer and some other useful additions to the cooking plant; the ventilation of some of the single rooms has been improved; and the improvements then in progress to the general heating system have been completed. The latter is mainly arranged to heat the dormitories and single rooms, the day-rooms being mostly heated by open fires from which they naturally derive some of their appearance of comfort.

Efforts have been made to improve the ward garden used by newly-admitted female patients; a band-stand, which obstructed the view, has been removed, and a number of flower beds and borders have been arranged. Allowing for the fact that the garden is much enclosed by buildings, the effect goes far to meet the comments made as to it last year by my colleagues.

In contemplation, indeed to some extent in progress, is the adaptation of an existing upstairs room to serve jointly as a laboratory and dental surgeon's room. As to the need of both these provisions there is no doubt, and it is highly satisfactory to be able to record the Committee's decision to arrange for them; but I strongly doubt the desirability of allowing one room to serve for both of them, and the room itself is very deficient in window space. For these reasons, I hope that further consideration will be given to the matter and to the practicability of building what is necessary to meet these two wants and the absence of an operating-room. The value to the medical resources of the institution would be well worth the pecuniary outlay.

During the period under review, there have been 230 admissions, 69 deaths, 53 transfers to other care, and 117 discharges—91 of the latter being on recovery. The system of allowance out on trial, previous to discharge, as recovered or relieved, is widely practised here; I am sure that

this is wise, but it is difficult not to feel that more than the 11 per cent. of those so allowed out on trial to whom a money allowance was made would not have benefited thereby, and I hope that the Committee will take full opportunity of their power to make these timely grants.

These changes leave on the books the names of 311 male and 422 female patients, of whom 22 men (including 10 Service cases) and 26 females are of the private class. With the exception of these private cases and three others, all are chargeable to Unions and the North Riding.

Apart from three women who were out on trial, all the patients were in residence and, to the best of my belief, I saw each one in the course of my visit. A few made representations as to their discharge, but, on enquiring into each of these cases, none seem to me fit for this; otherwise no grievances of any kind were brought to my notice. Much attention has been paid to the dietary, and its variety and the good basis upon which it has been fixed, no doubt materially contribute to the general contentment among the patients. Among other points in it may be mentioned the facts that all meat is from animals fed on the hospital's farm, each patient gets half a pint of whole milk daily, 64 lbs. of fats (not margarine) per 100 patients are weekly used for cooking, the whole meal instead of the ordinary bread is issued twice weekly. For tuberculous patients, butter is substituted for margarine, and a ration of bacon is given; as a preventive measure, these advantages might justifiably be extended to all cases losing weight or otherwise debilitated. In connection with the verandah of F. 13 (the ground floor infirmary) the addition of a spur to afford corresponding facilities to those which now exist at M. 13 for male tuberculous cases, is under consideration; at present, such cases on the female side are segregated in the isolation hospital, which has no ready means for open-air treatment.

Parole within the grounds is accorded to all the 23 men accommodated at the farm house, and to 12 others, and full parole beyond the grounds to five men. I hope it may sometime be found possible so to classify the patients that one ward on each side of the main building can be run as an open-door ward, and so to add to the number of patients enjoying at least some degree of parole; it and the privilege of sitting up rather later at night are generally greatly appreciated by trustworthy, industrious patients, and encourage others similarly to earn them. While the goodly number of 32 per cent. are daily taken for walks within the grounds, only 2 per cent. are taken for walks beyond them—a proportion which I should like to see considerably increased.

The weekly maintenance charge is 22s. 2d. a head, 35s. in the case of out-county cases, and 31s. 6d. for private patients. It is estimated that there are at present 124 vacancies on the male and 13 on the female side.

Cases of infective disorder have, apart from tuberculosis, been very few:—four of enteric fever, one last May on the male side and three women in October and November this year, one of whom is still under treatment; and four cases, two of each sex, of dysentery. As to tuberculosis, on the date of my colleague's visit, the number of ascertained cases was three men and 14 women; since that date, 14 men and two women have died from this disorder, that is 20 per cent. of the total deaths; and, at present, there are four male and 13 female cases under observation. The difficulty of diagnosis of tuberculosis in the insane is well known, but these figures incline me to doubt whether the ascertained male cases sufficiently approximate to the real incidence on that side of the hospital. An adequate examination of every patient annually would, I am convinced, be very helpful in this direction, and it would be further helpful if the proportion—at present only 30 per cent.—of post-mortem examinations could be much increased. The foregoing incidences refer entirely to patients—none of the staff having been attacked.

The death rate percentages for 1921 were 9·5 on the male and 4·9 on the female side, a total of 7·0 per cent.; the corresponding percentages for 1922 were 6·0, 4·4 and 5·1. Such low rates can scarcely be expected to be maintained, but they are the more satisfactory in that the rates during the war years were not nearly as high as in many mental hospitals.

All the 42 male and 27 female deaths during the period under review—in five of which inquests were held—were from natural causes. Tuberculosis as a cause of death has been dealt with above, and none of the other causes call for special mention here.

A satisfactory number of the patients attend the Divine Services provided for them, also the entertainments.

Some 57 per cent. of the patients are shown on the returns as usefully employed, but more than half of these are included as ward-workers and only seven men are employed in the shops and 22 women in the laundry. By systematically diverting some of the more trustworthy ward-workers, one or two at a time, to the shops and laundry these numbers might with advantage be increased. Unfortunately, owing in its design to the relation of the general kitchen to the bake house and other ancillary offices, it is not easy to employ female patients in the kitchen and this is a handicap to employment for the women. A very good proportion (21 per cent.) of the men are occupied on the farm and gardens: might not something be arranged, such as the institution of a poultry farm run and managed by women, to find employment for some of the female patients on the land?

Scarcely 15 per cent. of the male and 6 per cent. of the female nurses are in possession of the Nursing Certificate of the Medico-Psychological Association; but lectures are in progress and a fair number have passed the preliminary examination, so that the above proportions may confidently be expected to rise.

Dr. Eades, whose zeal for the welfare of the hospital and its patients is apparent, has for medical colleagues Dr. J. J. Russell (Deputy Superintendent) and one other medical officer. My visit has impressed me very favourably and, in concluding this entry, I should like to express the hope that the committee and Dr. Eades will consider whether steps could not be taken to ensure that out-patient treatment for mental illness, preferably at a general hospital, is available for early and incipient cases arising within the area served by this institution. Not only are these cases badly in need of such facilities, but their successful treatment would assuredly diminish the need for mental hospital accommodation; and thus steps towards the provision of such arrangements justifiably fall within the Committee's purview. Within or in the immediate vicinity of this City are five institutions undertaking in-patient treatment of mental disorders; so that, by mutual arrangement, were the York County Hospital desirous of offering out-patient treatment for suitable mental cases, York would appear to be an eminently favourable situation for the establishment of such a centre.

Yorkshire (West Riding) Mental Hospitals.—1. Wakefield.

January 23rd, 1923.

In the course of our visit to this large institution, throughout yesterday and to-day, we have visited all parts of it, including Hatfield Hall, where there are a small number of working patients, and we have, we believe, seen all patients in residence. The appeals for discharge were few in number, considering the size of the hospital, and from no one did we receive any complaints, having reference to their treatment, diet or surroundings. We saw dinners in course of service and found them ample in quantity; but in some instances care had not been taken to see that the plates were duly warmed, and we venture to think that, though generally speaking the diet is good, some improvement might, as in other similar institutions, be made so as to alter the monotony of the breakfasts.

The patients appeared to us to be in receipt of due and tactful supervision, they were free from any undue excitement or restlessness and were suitably clothed. There did appear to be a shortage of overcoats in some of the wards, but we understand that requisition has been made for a further supply where deemed necessary, and that this matter will shortly be remedied.

The rooms were comfortably warm, but we noticed that in some of the male dormitories there were no fireplaces other than coke stoves, and no

proper means of heating water or food at night, though they are under constant observation.

The wards were in good order, and some of the smaller and older day rooms look particularly homely. There were games, books, and periodicals for the patients' use, but not always as many as we should have liked to see, scattered about the tables and in some instances they did not appear to be easily accessible to the inmates.

The old w.c.'s in F.29 have been pulled out, and we are glad to hear that it is in contemplation to add new sanitary spurs for Wards 29, 30, and 32.

To render the conditions safe in the event of fire, we cannot but think that the question of installing a system of fire alarm telephones should ere long receive careful consideration.

We understand that plans are at the moment before our Board in reference to some not inconsiderable alterations in the laundry.

We have had the advantage of discussing this question with Dr. Bolton, and in our opinion, should the plans be approved and the work authorised, there will undoubtedly be a great improvement in the arrangements for carrying out the work in connection with this necessary branch of the institution's industries, there will be a saving of space, supervision will be rendered more easy and more effective, and the disinfecter, for treatment of foul and infectious linen and clothes, will be, as it should be, in close proximity to the foul laundry and not as at present situated at some considerable distance away.

The kitchen at the main building will some day have to be taken in hand, but we think that at this and the admission hospital kitchen, fixed hand basins might at once be fixed for the use of the patients working there.

Since May 25, 1922, there have been 524 admissions, 280 have been discharged or removed, of whom 68 have recovered; 22 women have been allowed out on trial, to all of whom money allowances have been granted; and 148 have died.

There are on the statutory books the names of 2,090 patients: Males, 1,053; females, 1,037, of whom 6 are classed as private, and there are 113 Service patients, almost all of whom are in one ward, and they seemed to us to be well cared for. There are but 2 out-county patients. There are at present no patients on trial. Vacancies exist at present for males, 353; females, 50.

The maintenance rate for home patients is 32*s.* 8*d.*, for out-county 36*s.* 9*d.*, and the same charge is made for private patients.

There is no record of seclusion or mechanical restraint.

The staff consists of: Charge attendants, 22; ordinary attendants, 135; charge nurses, 53; ordinary nurses, 147—for day; and 22 attendants and 31 nurses for night duty; 51 nurses are employed on the male side.

The death rate for 1922, calculated as a percentage on the average number resident was 12·5 per cent. for males, 9·0 per cent. for females; that is, 10·9 per cent. for the sexes jointly. In the case of each sex it is about 2 per cent. higher than in the previous year.

All the 89 male and 59 female deaths were from natural causes, verified by post-mortem examination in the excellent proportion of 90 per cent. In no less than 31 per cent. of them the cause of death was senile decay, and mindful of some of the milder types of senility we saw in certain of the wards, it might well be worth while considering, both on economical grounds and in order to get the aged as near their homes as practicable, whether some cases of senile dementia, in whom acute mental symptoms for which they were admitted have now abated, might not be accommodated in their respective workhouses. General paralysis was the cause of 26 per cent. of the deaths amongst the males, and of 10 per cent. of the female deaths; the apparent approximation of the sex percentages in this disorder is somewhat unusual.

Tuberculosis was the cause in scarcely 9 per cent. of the deaths, which is considerably below that which is not uncommon in many other mental

hospitals, and though a great deal of care is, we are assured, taken in ascertaining cases as they arise, the total number under observation is now only 14 on the male and 6 on the female side.

In visiting the laboratory we were interested in seeing and discussing the large amount of work that is being systematically prosecuted there; much of it is at present directed towards the prevention of the incidence of, or spread of, such diseases as tuberculosis, dysentery, and enteric fever, a matter of great importance in an institution of this size and of the age of parts of it. The work is indeed worth while, if it can be claimed, as there are good grounds for doing, that it is the explanation of the fact that there is at present no case of either enteric or dysentery, and that in the past seven months there has been only one case of each of these diseases.

Casualties of at all a serious nature have been limited to three cases of fracture under circumstances which do not call for mention.

We saw 81 patients on the male and 93 on the female side in bed; that is, about 8 per cent. of the total in residence. Full information was given us of each of these patients, and we are satisfied that they are in receipt of due attention and are being carefully nursed.

We believe that the equipment (not a serious matter of expense) of a clinical room, in conjunction with at least each of the admission dormitories, would be found of much help in the examination and study of recent cases.

Dr. Bolton has the assistance of six medical colleagues. To three of them, Dr. McGrath (Deputy Superintendent), Dr. Bedford, and Dr. Russell, the rank of senior assistant is accorded. As some testimony of the spirit of work which prevails here, we take pleasure in recording the fact that each of the six is in possession of the diploma in Psychological Medicine.

Yorkshire (West Riding) Mental Hospitals.—2. Wadsley.

July 17th, 1923.

As a result of the changes that have taken place amongst the patients since the last visit, on September 15, 1922—admissions 380, discharges and removals 151—of whom 100 had recovered—and deaths 156—there are on the books of this hospital the names of 1,621 patients—males 731, females 890. The private patients are 55 in number, 46 being classed as Service patients, the majority of whom are accommodated in one ward. Trial has been granted, during the period under review, to as many as 160 patients, and it is satisfactory to know that this practice prevails so extensively, but we note that only two of those on trial have had money allowances given them. We hope that this great assistance to patients, at a critical period of their convalescence, will be given in all instances in which the Committee consider it would be advantageous. Those on trial at present number 26, leaving in residence 721 males and 874 females, a total of 1,595, all of whom we believe, we have seen during the course of our visit.

From none of the inmates of this large hospital, did we receive anything in the nature of a complaint as to treatment, diet or surroundings other than some appeals for discharge; from not a few of those who were convalescing, and best able to appreciate what has been done for them, we had expressions of gratitude and thanks.

Some renovations have been executed, internal painting is in progress, but it will, of course, be some time before the conditions brought about by the War and its exigencies can be fully overtaken.

The wards, beds, and dormitories are well kept, and it is evident that the patients receive due attention to their bodily wants—they appeared to be contented and to be in receipt of proper supervision.

There are, however, some things which we think, though in a measure and at first glance of small significance, would, were attention given them, add still further to an amelioration of the conditions attendant upon a life of enforced detention and the monotony which is of necessity so much a part of asylum treatment.

Not least amongst such matters is, the question of parole of the grounds for the more reliable and trusted patients. In some few wards there are, it is true, open doors to the airing courts, but to none, apparently, except about a dozen farm workers, is an extended parole permitted. We trust, that this and a more general use, especially on the female side, of the whole of the airing courts, will be the practice in future. We thought the restriction of the women to the terraces of the courts was unnecessary, and that they might well be allowed to wander freely within the limits of their respective courts. On both of these matters we have had some conversation with Dr. Vincent, and we doubt not he will give them due consideration.

In neither of the general kitchen sanitary annexes are there hand basins for the use of those patients who are engaged in the handling of food, and these, we urge, should be supplied. There is evidently a shortage of overcoats for the men, an unnecessarily small supply of hand towels, and hair and tooth brushes, and as to the last-named, the attendants and nurses should encourage the patients in their use. In connection with this we may say that we are very pleased to learn that a visiting dentist has been appointed and we hope that ere long other visiting specialists may be added to the staff.

We observed with satisfaction that a beginning has been made in the improvement of the women's dresses, both in material and cut, but we would suggest that some freer choice might be allowed in the cloth used for the men's suits and that more attractive buttons be attached to their jackets and waistcoats, so as to diminish, as far as possible, the mark of institution clothes. Patients should also be encouraged to wear their own garments where the necessary arrangements can be made.

The foregoing are put forward as no carping criticisms, but with a view, which we feel sure is the desire of the Committee, to make the conditions of a mental hospital as far as possible akin to those of any other institution for the care and nursing of the sick.

We have discussed with Dr. Vincent the arrangement at the foul laundry, which are not entirely satisfactory. There is no steam disinfection at the laundry, though there is one at the isolation hospital which should be moved, and we would also point out that we advocate the use of live steam in the tanks where the foul and infectious articles are in the first instance treated.

Improvements are about to be made in the mortuary, so as to afford friends of deceased patients more suitable facilities for viewing the bodies of their relations, and we understand that a proposition is to be placed before our Board for the use of a hut (which has been taken over from the Disposals Board) as temporary accommodation for the treatment of some 15 tubercular cases. We have seen the building, it has, we understand, been seen also by our Board's architect, and when application is made the question will, we are sure, receive due and careful consideration.

We have had the advantage of meeting Mr. Rose, the Chairman of the Visiting Committee and of discussing with him one or two matters, including the heating of the single rooms in the infirmary wards, which is at present under consideration.

A ward on each side is at present unused and when they are again opened there will be accommodation for 810 males and females 910, which, on the numbers at present in residence, would show vacancies for 89 males and 36 women, though, on the beds actually in position to-day, there are vacancies for only 1 man and 31 women.

The maintenance charge for home patients is 28s. 7d. per week, and for out-county patients 32s. 8d., and for private patients, including service patients, 32s. 4d.—32s. 8d. The diet appears to be good, but we think that something might be done to relieve the monotony of breakfast. Mechanical restraint has been used in two instances on two occasions, for a total period of 6 hours 55 minutes.

The staff consists of: charge attendants, 36; charge nurses, 36; ordinary attendants, 84; ordinary nurses, 91, for day; and 13 of the former and 17 of the latter for night duty.

The certificate of the Medico-Psychological Association is held by 45 attendants and 10 nurses, and 29 attendants and 34 nurses have passed the preliminary examination.

The average number of patients in residence last year was necessarily a fluctuating figure, hence it is not safe to draw deductions based on percentages calculated on it. The death rate in 1922, as calculated, was 11.5 per cent.—13.03 per cent. on the male and 10.3 per cent. on the female side. In the case of a male general paralytic death was accelerated by a blow from a fellow patient. The circumstances were fully reported to our Board and made the subject of one of three inquests which have been held. Apart from this case all the 95 males and 61 female deaths were from natural causes, verified by post-mortem examinations in the excellent proportions of 96 per cent. of these deaths, a fact which is creditable to the Medical staff.

We are particularly glad to learn that a Medical Officer skilled in laboratory work has lately taken up duty here, and that he has to assist him a technical assistant. There is a good laboratory and photographic room and the nucleus of a museum. We hope as this officer's work develops, it will include, not only supplementary post-mortem observations, but also a laboratory report upon every newly-admitted patient and upon various clinical conditions arriving in the course of patients' residence. Only by this means can such a hospital, as this is, keep pace with modern requirements.

It is also creditable to the medical staff, and still more to the nurses, both male and female, that no bed-sore existed at death in any of these 156 cases; nor in any of the 101 patients whom we saw in bed, despite the fact that at least one of the latter was admitted very emaciated and with severe sores.

As regards patients in bed, there were rather more men than women—53 and 48 respectively, which is contrary to what we find in most mental hospitals. Some 15 were in bed, being recent cases, 13 others on account of acute mental symptoms and amongst those in bed on account of various physical conditions, 9 men and 2 women were said to be tubercular. Of the total patients in bed, 9 were in single rooms, 56 in dormitories (two on each side) and 36 (including all but one of the tubercular cases) in the open air. This last-mentioned mode is all the more commendable in the absence—which some time, we hope, will be made good—of verandahs or other convenient means.

With respect to three or four patients in bed—protracted cases with recurrence of acute and noisy excitement—we observed they were in single rooms opening on to day rooms. This must be very disturbing, if not distressing, to occupants of the latter, and we hope it will be obviated, even if it is necessary to employ more nurses.

Male ward 3 is about to be divided, so that with 4A it will form partly an admission ward and partly a sick ward, and 4B will also be arranged for sick cases. In the course of these and other structural improvements, we should like to see means installed, in the admission and other wards, for cases of acute excitement, for the convenient administration of "continuous baths" and other modes of hydrotherapy.

We were glad to find that at each ward in which patients are admitted, a small room has been set aside as a doctor's clinical room; but, now that so many rooms formerly occupied by nurses have been set free, we think it might be possible to provide one such room for each ward and a rather bigger one for the admission wards. In the course of conversation with a female patient we found a striking instance (which we related to Dr. Vincent) of the necessity of such a room in every ward in a mental hospital.

Influenza was troublesome on the male side in April, May and June this year, when it attacked some 19 patients; only 1 female patient

and none of the staff suffered. There has been 1 sporadic case of typhoid fever. Dysentery has occurred to some extent and with one case returned as ulcerative colitis, accounted for 8 deaths. Tuberculosis was the cause of 14 male and 13 female deaths, that is 17 per cent. of the total deaths. We cannot help thinking that still greater effort is needed in the direction of early recognition of this disease, because, with the exception of two female patients, the whole of the known cases are at present in a stage necessitating their being in bed.

Dr. Vincent has the assistance of three medical colleagues, and a fourth is about to be appointed. For the second of these officers a detached house exists in the grounds, and we greatly hope that similar provision will shortly be made for the deputy superintendent, who, we are concerned to learn, at present resides at a considerable distance from the institution.

In concluding our entry and mindful of the contiguity of this large mental hospital to the University of Sheffield and the two important general hospitals in the City, we desire to express the hope that further correlation of work in connection with the study and treatment of mental disorders may be developed between these several institutions.

Yorkshire (West Riding) Mental Hospitals.—3. Menston.

January 19th, 1923.

We have spent yesterday and a portion of to-day, in making a complete inspection of this institution, in the course of which we have, we believe, seen all patients in residence. From not a few we received requests for discharge, but none of those who made those appeals appeared to us to be suitable for an outside unprotected life. Apart from these appeals we received no complaints of any kind, as to treatment or surroundings. We may say, without any hesitation, that we were well pleased with the conditions which prevailed throughout the institution. The wards were comfortably warm—a matter of no small importance—they were well kept and made attractive with plants, and we were glad to note, that all the female wards but one, and many of the male wards, are provided with pianos, and to learn that they are constantly made use of by patients with musical tastes for the amusement of the others.

The dormitories and beds were all that we could wish. The only wards that compared unfavourably with the rest of the rooms were wards 12 and 13, a matter which one of us commented upon some years ago. These wards were well kept, but could, we think, be made more attractive. There was a marked absence of unrest or noise, even in those wards where the most troublesome patients are under care.

There are, however, some matters to which we feel it necessary to draw attention.

The diet is, so far as we can judge, sufficient in quantity, but there is a monotony in the morning and evening meals which we should like to see relieved. In expressing this wish we are asking for nothing more than has already been adopted in many similar institutions throughout the country, and with good effect, towards making the patients contented and happy. It must not be forgotten that the standard of living has altered for the better amongst that scale in society from which the patients are for the most part drawn.

We hope, too, that the Committee may see their way to the appointment of a visiting dentist—a post which has been filled up in so many mental hospitals and, we believe, to the advantage of those institutions. In this regard we suggest that an endeavour be made to induce all suitable patients to brush their teeth and that tooth brushes form part of the ward stock—the brushes to be marked, so that each patient may have his own.

The use of hand towels might be extended with advantage, and the supply of overcoats should be increased.

We are glad to see that the sanitary spurs in wards 12 and 13 have been greatly improved by cross-ventilation.

The returns made to us for the year 1922 call for little comment, but we should like to see an extension of walks beyond the grounds, for patients who would appreciate even a short excursions into the outside world and further use made of the privilege of parole, on the lines discussed by us with Dr. Edgerley.

The number of patients returned as being employed, is on the face of it, well above the average, but we cannot help noticing how many of these are only engaged in assisting in the wards, especially on the male side. The number we saw in the Laundry yesterday, and, we were told, an average number, was 50, and this we should be glad to see increased.

Since 20th May, 1922, there have been 236 admissions, 256 patients have been discharged or removed, of whom 90 had recovered and 93 have died.

The number allowed out on trial has been 91, to 24 of whom money allowances have been made. We feel sure that the Committee do not lose sight of the advantage the exercise of their power under this head has in helping patients, at a critical and anxious time, towards complete recovery.

On the statutory books there are 1,730 patients—males 837, females 893—of whom 68—males 20, females 48—are classed as “private,” and there are 112 Service patients who, as the other patients, appeared to be well and tactfully supervised and treated.

There are but six out-county patients and chargeable to their respective unions.

At present three patients are on trial, leaving in residence 1,727, of whom 836 are males and 891 females.

There are vacancies for 21 males and 16 women.

For home patients the maintenance rate is 32s. 8d., for out county and private patients, 36s. 9d.

In the work now in progress we see that additional lavatory accommodation is being constructed in connection with the visiting rooms—we should be glad to see fixed basins placed in close proximity to the W.C.’s near the kitchen, with a notice affixed, “Please wash your hands,” for the use of patients handling food in the kitchen.

The staff consists of:—Charge attendants, 27; ordinary attendants, 129; charge nurses, 29; ordinary nurses, 96, for day duty; and 14 attendants and 15 nurses for night.

The death rate for 1922, calculated on a percentage on the average number resident, was 9·4 per cent, which, though slightly higher than the rates (8·7 and 9 per cent.) in the two previous years, is a satisfactory figure, as a practical index of general health of the patients; it is, perhaps, noteworthy that, for the past four years and not infrequently in previous years, the rate is higher among the women than the men.

In the case of one man, his death, which was the subject of an inquest, was accelerated by an injury sustained before admission; otherwise all the 38 male and 55 female deaths were from natural causes, verified by post-mortem examination in 60 per cent. of the 93 deaths, a proportion we should like to see, if possible, increased.

The causes of death call for no particular comment, except, perhaps, to note that the most frequent, and in the order mentioned, had been heart disease, general paralysis and tuberculosis.

It is satisfactory to observe that the incidence of tuberculosis is not so great here as in many public mental hospitals; it was the cause is 16 per cent. of the deaths, and the number of cases in more or less acute form now under observation is four on the male and nine on the female side.

There have been a few cases—males eight, females six—of dysentery, three of the female cases proving fatal, but in connection with this comparatively small incidence, it is well to bear in mind that practically no entries in the register have of late been made of cases of Diarrhoea. Apart from one sporadic case of enteric fever, the only infectious disease have been four cases of scarlet fever among the female patients and one nurse

—all within the past few weeks, and in conjunction with others in the neighbourhood; they are isolated in one wing of the isolation hospital.

Casualties of at all a serious nature have been limited to two cases of fracture and two of dislocation, under circumstances that do not call for remark.

We saw 22 male and 65 female patients in bed, that is, scarcely 6 per cent. of the total in residence—of these, at least 12 were in bed as being cases of senile feebleness, some of whom, as well as some other senile cases up and about, we thought clearly might be now accommodated in a Poor Law Institution, though doubtless in need of mental hospital treatment when first admitted.

We were glad to notice that rest in bed regularly forms part of the treatment for recent cases, but we should greatly like to see a medical officer's clinical room at, at least, each of the admission wards, and as an adjunct to physical examination and treatment, to see brought into activity the excellent laboratory that is in existence. We notice several cases of acute excitement properly under treatment in bed, but for whom, we believe, the use of the continuous bath would have been found of service; this form of bath cannot well be given in the absence of the requisite special fittings.

The nursing staff hours have been altered to a nominal 56 hours a week, but for the present the actual hours are 53—no overtime unless 56 hours have been occupied on duty.

The staff works in three shifts with long day of 13 hours, a day off every week and 14 days' leave annually.

Dr. Edgerley, who may be congratulated on the condition of the Hospital, has as Medical Colleagues, two senior medical officers—Dr. Walker (as Deputy Superintendent) and Dr. Kirwan, for each of whom a house is provided—and two others, one of whom is on a temporary footing.

*Yorkshire (West Riding) Mental Hospitals.—4. Scalebor Park,
Burley-in-Wharfedale.*

January 20th, 1923.

The conditions prevailing in this hospital, including "High Lands," where the quiet and convalescent gentlemen are in residence, are in all respects good. The patients are evidently in receipt of every care and attention which is necessary for their supervision, treatment and well-being, and the rooms were throughout in capital order.

Since May, 18, 1922, there have been as many as 84 admissions, a large percentage, in a total residence of 238. The discharges or removals number 66, of whom 36 had recovered, and 20 have died, all from natural causes. Trial has been allowed to 56 patients, and there are on the statutory books the names of 242 patients—gentlemen 105, ladies 137. There are to-day three ladies and one gentleman absent on leave or trial; so that there are 238 patients—gentlemen 102, ladies 136—in residence, all of whom we have seen, with the exception of a gentleman who is out for the day. We are satisfied that the newly admitted patients are rightly detained and we gave private interviews to three gentlemen.

There are vacancies for 52 gentlemen and 27 ladies.

The weekly charge varies from 42s. to 168s. per head per week.

As many as 70 per cent. of the patients are usually taken for walks beyond the airing courts and 16 per cent., a good proportion, go for walks outside the estate. The number engaged in some occupation is creditable, the proportion being 66 per cent., and of these 28 work on the farm and gardens, and a like number of the ladies occupy themselves in sewing, 26 in knitting and fancy work, and 12 in the laundry.

The staff is adequate and consists of charge attendants four ordinary attendants 22, charge nurses 5, ordinary nurses 26 for day, and 5 of the former and 10 nurses for night duty.

The Medical Psychological certificate for nursing is held by 42 per cent. of the attendants and 10 per cent. of the nurses.

The absence of infective disorders is very satisfactory. It is, for instance, of interest to note that during many years the only case of dysentery was one known to have suffered from it prior to admission and that during the 15 years 1908-1922, the total number of cases of tuberculosis has been only eight, half of which have been of the so-called "surgical" form.

Yorkshire (West Riding) Mental Hospitals.—5. Storthes Hall.

July 19th, 1923.

In consequence of a somewhat detailed, but anonymous, complaint in writing which was brought to the notice of our Board in reference to the treatment of female patients at this hospital by some of the nursing staff, and the manner which patients are regarded by the medical staff as well as by members of the Committee when visiting the wards, we held an exhaustive inquiry yesterday into all the allegations before proceeding to our usual and annual inspection of the institution.

In the course of our inquiry we saw and examined all the nurses and patients concerned who are still in the hospital and examined all records which in any way were connected with or helped to elucidate the matters at issue.

We have to-day seen Dr. Adair, but in his absence yesterday we were greatly assisted in this investigation by Dr. Cecil Ewing, the Deputy Medical Superintendent.

We feel satisfied that the communication in question was sent by a nurse no longer in the service, and whom we were unable to see, and that the complaints were—at least, in the main—instigated by and emanated in the first instance from a female patient, Mrs. H., with whom we had a prolonged interview. She is a paranoiac, with pronounced delusions of persecution, and is still of unsound mind.

The nurse who was more particularly implicated in the accusations of ill-treatment in regard to the last-named and other patients is Nurse C., the charge nurse in F. 8 ward.

This nurse has nearly 11 years' service, and has been a charge nurse for nine years. She has for long been one of the most trusted members of the female nursing staff, and we can, without any hesitation, say that the confidence and trust reposed in her by the medical staff and matron is entirely justified.

In our judgment there is no foundation whatever for any of the allegations of cruelty or ill-treatment which have been made against this nurse or any others who are implicated in the charges. These charges are, in our opinion, entirely baseless.

Suggestions against the medical staff of connivance at irregular and wrongful acts of the nursing staff and of callousness on the part of the Committee—charges almost too extravagant to be worthy of consideration—and are, we need hardly say, false, and are only referred to because they have been made.

This shortly disposes of the complaints and charges in this anonymous communication. Certain matters, however, came to our notice in the course of our investigation which should, we think, receive attention.

In one, if not more, of the women's wards there appears to be a smaller stock of bath towels than is requisite for the necessities of the ward.

We do not think that the arrangements for the removal of the bodies of patients who have died in a ward to an adjoining single room before being taken to the mortuary are as suitable, and possibly as reverential, as they might be, and this matter needs consideration by the medical superintendent and the matron.

The practice, in regard to patients sleeping in dormitories, of undressing in a corridor is, we think, needlessly rigid, and might well be confined to

but few wards, or, possibly, only to patients as to whom, for adequate reasons, it is necessary to issue special instructions. For those who cannot be permitted to undress at the bedside slippers and dressing-gowns should be provided.

We learn with some surprise that the warming of the wards through the central heating system had been cut off on some date in April, since when it has not been resumed, although it is common knowledge that since then there have been many cold and inclement days. Such records as we saw of the ward temperatures showed that on several days the thermometer in one, if not more wards on the female side only registered 48°.

We need but say that, however inconvenient it may be, the heating of the wards should be adjusted to the weather conditions, and, in our opinion, the comfort of the patients in this connection did not receive proper and adequate consideration. Apart from this, we are not satisfied that the central heating is in all respects satisfactory. Some of the single rooms, when the doors and shutters are closed, are without any means of light except artificial, and of ventilation other than through a ventilator in the wall. This should be remedied, as is already the case in parts of the building.

Gathering, as we did, in the course of our inquiry, and knowing, as we do from experience how many patients there are who imagine that letters entrusted to the staff never reach headquarters or their intended destination, we would, as our colleague did at the last visit, point out how judicious and advisable it is that letter boxes should be provided in the wards into which patients can place their correspondence.

The arrangement of plants and flowers, which meets one in the entrance to the main building, gives such a favourable impression that we could wish the idea were continued in the wards, especially the admission wards, where it is so desirable to make the surroundings as bright and uninstitutional as possible. These wards would also be the better of more pictures on the walls than are at present in position.

Parole of the grounds is not allowed; we regard this privilege as most desirable, and would like to see it extended to this hospital, as it is now the practice in so many similar institutions. Open-door wards, with limited parole of the courts, now in use in two female and one male ward, might, we think, be increased in number.

We think, too, that the stops to the upper sashes of the windows in some of the ground-floor wards might with advantage be removed.

We were glad to note that an improvement has taken place in the colour and cut of the women's dresses, and suggest that the institutional appearance of the men's clothes might be relieved were the buttons in use discarded for bone ones or some other suitable material.

There are but few toothbrushes in use amongst the patients, who, we think, should be encouraged to brush their teeth. The appointment of a visiting dentist has not yet been made, but we hope it has been and will be kept in view.

In the above comments and suggestions, made in no spirit of hypercriticism, our sole desire is to endeavour to bring the conditions of a mental hospital as far as possible into line with modern requirements.

The institution is throughout in admirable order in every respect, and, without entering into details, we can say that we were entirely pleased with the order in which we found it.

The patients, we think, are tactfully and well supervised, and not only did we receive no complaints, other than those referred to in the first paragraphs of this report (and, of course, some appeals for discharge), but, as we went through the wards and entered into conversation with the patients, we had ample evidence from those in a state of convalescence that they appreciated and were grateful for the attention which they had received.

Since November 22nd, 1922, there have been 183 admissions, 54 discharges or removals, 48 on recovery, and 79 have died. Those on trial

have numbered, during the period under review, 63, but to only one of these has a money allowance been granted. We warmly commend this extensive use of "trial," but find it difficult to believe that at such a critical period monetary assistance would not have been beneficial to not a few of these patients. In this connection we think great help and much good would be afforded from the activities of a local branch of the Mental After-Care Association, could such be established in the West Riding.

On the statutory books are the names of 578 males and 691 females—in all, 1,278, of whom 11 are private and 62 are "Service" patients.

The out-county patients number 31, three being received from the Northumberland County Mental Hospital; the remainder are chargeable to their respective unions.

There are 13 patients on trial, leaving in residence and, we believe, seen by us, 1,265 patients—males 583, females 682.

There are 12 wards unoccupied by patients—male 8, female 4—and vacancies on the male side for 474 and on the women's side for 273 patients.

The maintenance rate for home patients is 28s. 7d., for out-county patients from 30s. to 32s. 8d., and for private patients 32s. 8d.

There is no record of any seclusion or mechanical restraint.

The staff consists of charge attendants 28, charge nurses 30, ordinary attendants 57, ordinary nurses 88 for day, and 13 of the former and 19 of the latter for night duty.

*Five attendants and seven nurses hold the certificate of the Medico-Psychological Association, and nine and 14 respectively have passed the preliminary examination. There is good hope that these numbers will ere long be augmented, and lectures are now being given regularly.

The death rate for 1922, calculated on the average number resident, was 9·4 per cent.—males 11·2 per cent., females 7·6 per cent.

Two deaths were the subjects of inquest; but all (43 males and 37 females) were from natural causes, and verified by post-mortem examination in the very good proportion of 81 per cent. of the total 79 deaths. The specific causes do not appear to call for particular allusion.

Casualties of at all a serious nature have been confined to three cases of fracture—two the result of accidental falls and one due to a push from a fellow-patient.

This small incidence of such injuries among so large a number of patients is one of several indications which lead us to believe that the patients generally are handled with kindness and tact, and that very good terms exist between them and the nursing and medical staff.

We also believe that the general health of the patients is distinctly satisfactory. They have a well-nourished appearance, and, apart from influenza which mainly in May affected 82 patients and seven members of the staff, and eight cases (four on each side) of erysipelas, infective disorders have been limited to one case of scarlet fever, one of diphtheria (a nurse), three of dysentery, and a comparatively small incidence of tuberculosis; also of the 95 patients who are confined to bed (scarcely 8 per cent. of the total in residence), 27 were there mainly on account of their mental condition—18 of these being recent cases—and of the others nearly all were under treatment for either senile debility or ordinary bodily conditions. Twelve of those in bed were in single rooms.

We visited the laboratory, and were glad to notice that good use is being made of it; but we hope its equipment will be supplemented by means for simple bacteriological work.

Should the negotiations for the use by the Ministry of Pensions of the detached admission hospital and its ancillary cottage homes mature, we hope that consideration will be given to securing at least some ground-floor accommodation for the reception at the main building of new cases.

Dr. Adair has to assist him as medical colleagues three medical officers in charge of wards and a pathologist. For the second of these offices a detached home exists in the grounds, and we are glad to hear of the provision of one for the Deputy Superintendent.

The statutory registers and medical records were all in admirable order, and, bearing in mind the large number of patients—much too large, in our opinion—which at least two members of the medical staff have under their individual charge, the entries indicate commendable effort at good work.

Yorkshire (East Riding) Mental Hospital, Beverley.

December 12th, 1923.

In the course of a long day spent here to-day I have inspected the institution, and, to the best of my belief, have seen all the patients in residence, their number being 471—215 men and 256 women.

Painting is in progress in some of the wards, and the last remaining unplastered part of the female side is about to be taken in hand. All this work is done by members of the permanent staff, freely assisted by patients—to the great advantage of the latter, because occupation—at any rate, in many types of mental disorder—is one of the best lines of treatment, besides tending to promote economy in administration. The hospital is, generally speaking, in very good order, and the light colours that of late have been used in renovating the wards have given them a bright and pleasing appearance; and each of them was comfortably heated, partly by pipes and radiators and partly by open fires, the latter being manifestly much appreciated. The wards are also well supplied with objects of interest, papers and books; and it was satisfactory to me that a good stock of the last-named is kept on open shelves freely accessible to the patients.

In respect of all these amenities, I hope that a special effort will be made to see that Ward 2 on each side, in which are located patients of the least favourable type, maintains a good standard.

Two excellent verandahs, one on each side, are approaching completion. Without doubt they will form a most valuable adjunct to the resources of the infirmary wards, and, among other advantages, they will obviate the nursing of active cases of tuberculosis in dormitories, and more or less contiguous to uninfected cases. In the kitchen some useful apparatus of modern type has been installed, and in the laundry a new machine for washing fouled articles. In the latter connection and in the absence of a steam disinfecter, the provision of a large tank fitted with a pipe for live steam, as advocated in our Board's circular upon these matters, and which was alluded to last year by my colleague, would be a wise precautionary measure. A reconstruction of the fire alarm appliance has been carried out. A minor provision, but one that I was very glad to see, is the introduction of bedside lockers; they are being made on the premises, and are of a design that is both practical and of pleasing appearance.

As affecting correct taking and keeping of stock, I was surprised to find that no stock lists are kept in the male wards; and in the laundry I was unable to ascertain what is the weekly number of articles washed.

A great deal of commendable pains continues to be taken to modernise the women's clothing, and I was glad to find that, if patients and their relatives so wish, the former may wear their own clothing—a privilege which I hope will be still further encouraged.

The men's clothing, especially when seeing and talking to them in the ward gardens, did not impress me so favourably; I am inclined to think that, if the suits were made here in the tailors' shop, with an endeavour to secure better fits for as many individual patients as practicable, a great improvement could be effected. The number of overcoats mentioned to me as their stock in, for example, Male Ward 2 and the admission ward, caused me to doubt whether the total stock is sufficient to enable the men to get out in cold weather as much as with advantage they ought.

Since my colleague's visit in May last year the changes that have occurred among the patients leave on the books the names of 216 men and 257 women—in all, a total of 473 patients. Included in this number are

38 private patients—19 of each sex—13 of the men being of the “Service” class. Besides one case belonging to Rotherham who is awaiting removal, there are three Rochdale patients here, and 42 (17 men and 25 women) under contract with South Shields. A contract has recently been arranged for the reception in the near future of some London cases. Upon the estimated normal accommodation, the number of vacancies at the moment is 93 on the male and 60 on the female side. There are one and part of another male ward and one female ward vacant.

The weekly maintenance charge for each home patient is 22s. 2d., and this closely approximates to the actual cost. For out-county and contract cases it is 26s. and 28s.; and for private patients it varies from 28s. to 52s. 6d.

Full advantage is wisely taken here of the system of allowance out on trial before full discharge, but I notice that in the case of no woman, and in only 20 per cent. of the men allowed out on trial, was any money allowance granted. I am assured that such is given wherever it appears to be needed, but the actual number sounds small.

The death-rate during the year 1922 was 10·8 per cent., being slightly higher among the men than the women, and higher than in either of the two previous years. I observe that, while so far in the current year it is likely to be lower on the female side, there is the probability of a rather sharp rise in the male death-rate. Doubtless, Dr. Simpson will carefully consider what have been the factors in bringing this about.

The 52 male and 33 female deaths that have occurred in the period under review include an instance of suicide in a male patient absent on trial, which was the subject of the only inquest. Apart from this case, all the 85 deaths were due to natural causes, verified by post-mortem examination in 77 per cent. of these cases. From the care with which the notes are made at these examinations, it is satisfactory to me that the importance of the latter is adequately recognised.

Among the causes of death tuberculosis stands out as the most important; it was primarily responsible for nine of the male and four of the female deaths, and was a secondary cause in two other cases. There are at present among the patients three active cases on the male and four on the female side; and a male nurse is at present away under treatment in a sanatorium.

The introduction of as much animal fat as practicable into the dietary, the regular weighing of the patients, and a good physical examination of every patient at least once a year, besides open-air treatment for ascertained cases, are, I feel certain, the best measures by which to lower the incidence of this disease.

There were in all 13 patients on the male and 31 on the female side under treatment in bed—that is about 9 per cent. of the total in residence. The inquiries I made as to each of these 44 cases satisfied me that they are in receipt of much good care and attention; and I thought that the appearance and general arrangement of the nursing dormitories in the infirmary and admission wards were very nice. There is, however, no laboratory here. Modern medical treatment is so much bound up with laboratory work as an aid to bedside examination, that I hope sympathetic consideration will be given to this deficiency. I also noticed in bed at least some cases in which the advice of a visiting surgeon would, I am sure, be appreciated by the resident medical staff, which leads me to hope that, besides a Dentist, the Committee may some day appoint a Visiting Surgeon.

The patients in general appeared to me very contented, and practically the only grievances brought to my notice related to the question of discharge.

Under the chief male nurse and the Matron (Miss Brodie also has had general hospital as well as mental nursing), the nursing staff is now at what is considered its normal strength. Of the men, 42 per cent.—a creditable proportion—have the nursing certificate of the Medico-Psychological Association, and 27 per cent. of the women hold it.

On both sides, most of those eligible have registered under the General Nursing Council.

My visit happened to coincide with a special meeting of the Committee of Visitors, which gave me an opportunity of meeting the Chairman, Major Warburton, and several other members, and of discussing matters of interest in connection with the advancement of treatment in mental illness. Among these topics came up that of the value of out-patient treatment, preferably at a general hospital; and I hope that some arrangement may sometime be made whereby the services of Dr. Simpson and his deputy, Dr. Harding, may be made available for this purpose.

Birmingham Mental Hospitals.—1. Winson Green.

December 12th, 1923.

During yesterday and to-day, I have visited all parts of this institution, including Stechford Hall and Glenthorne, and can report most favourably of the condition in which I found the buildings, and of the care and kindly treatment which is given to the patients.

The patients, who were very friendly in their attitude, appeared to be most contented, and to be grateful for what is being done for them. They were quiet in behaviour, and are obviously on good terms with the members of the staff. No one made the slightest complaint as to their treatment, and even in the wards where the most troublesome patients live, there was no bad language or ill-behaviour. Their clothing was good and sufficient in quantity, and I was glad to hear that many are allowed to wear their own private clothes.

Their diet is satisfactory, and everything possible is done to render it as little monotonous as possible, but I was sorry to hear that it is necessary to use such large quantities of condensed milk. I saw a large number of patients enjoying a good and well served dinner in the dining hall, and a number of patients expressed their satisfaction with the way they are fed.

Patients are encouraged in personal cleanliness by washing of hands before all meals and at other times, and much care is taken in dealing with foul clothing to prevent the risk of any infection spreading, should it be introduced into the building.

The wards and their annexes were very well kept, and a good quantity of books, amusements, and objects of interest are kept in all the patients' sitting rooms. I was glad to hear that at bed time patients are allowed to undress by their beds.

Much redecoration of the patients' quarters has been carried out, since my colleagues visited in July, 1922, both at the main building and at Stechford and Glenthorne, and a number of improved appliances have been added to the kitchen department. These include a "Hobart" mixer, a "Berkel" slicing machine, a fish fryer, and a "Collins" oven. Half doors are gradually being fixed to the water closets throughout the building, but I am afraid that, unless other alterations are made at the same time, the result will not be very satisfactory.

As the result of the changes which have taken place amongst the patients since the last visit, there are now on the books, the names of 768 patients, 375 men and 393 women, and all were in residence to-day except 5 men and 4 women, who were away on trial. Of this number, 54 men were at Stechford Hall, and 38 women at Glenthorne, and 64 men and 16 women are classed as private patients; 47 of the former being Service patients.

As the total accommodation only provides for 369 men and 355 women, there is overcrowding by one on the male, and by 34 on the female side. The maintenance charges are 26s. 10d. for home, 42s. for out county (only 3 in residence), and from 31s. 6d. to 42s. for private patients.

Of the patients who have been discharged or removed elsewhere, 297 in number, 181 had been allowed out on trial and to 53 money allowances had been granted. These allowances are not made from the

maintenance account, but are given from the Miss Hollier's charity funds, and I understand that the after-care worker, who investigates the home surroundings of each case, is given a free hand to make a grant whenever she considers it for the benefit of the patient to do so.

Parole is given freely to patients of both sexes, either within or beyond the hospital grounds, and I was very interested to see that in every ward on the ground floor, though both the admissions and the most troublesome patients live on this floor, the doors leading into the airing grounds are always left open. The feeling of freedom from all restraint is freely encouraged, and this must, I am sure, be one of the chief causes of the patients' contentment. The general health of the patients has been good and, except for a number of cases of influenza, there has been no epidemic disease in the building during the period under review.

The chief causes of the 117 deaths have been arterio-sclerosis in 26 instances, general paralysis in 18 (11 men and 7 women), organic brain disease in 16, and heart disease in 14.

Inquests have been held concerning the deaths of three patients, all of whom died as the result of a suicidal act, but as in two cases the act was committed whilst the patients were on trial, and in the other before the patient's admission; no blame was attributable to the institution staff.

There have been two serious, but non-fatal, casualties, in one of which a patient sustained two fractured ribs during a severe struggle with male nurses. Dr. Roscrow personally made a thorough enquiry into all the circumstances of the struggle, and satisfied himself that no undue violence was used. The patient's friends, who were at once informed of the occurrence, were also satisfied, and the patient himself made no complaint to me.

The staff are now working on a basis of 66 hours per week, and I am glad to be able to report that 15 men and 12 women have passed the preliminary, and 25 men and 13 women the final, of the Medico-Psychological examination nursing certificate. I was very satisfied with the way in which the nursing of the sick is carried out, and with the arrangements made for keeping the dressings and instruments. Much useful work is being done in the clinical laboratory with various tests as an aid to diagnosis, and the medical staff have the assistance of Birmingham specialists in women's diseases, and in diseases of the nose, ear, throat and teeth, who will, in future, attend regularly and take over, and assist in dealing with, difficult cases.

Dr. Roscrow has the assistance of Drs. Shand and Elizabeth Selkirk, who show energy in their work and in assisting in the amusements of the patients.

Naturally, in an old building of this kind there are many improvements that could be made, such as the addition of verandahs, clinical rooms off each ward, improved sanitary annexes, better store and boot rooms, etc. This is fully realised by those in authority, and only the present financial position prevents some at least of them being carried out.

Glenthorne,

December 12th, 1923.

I have to-day seen all the patients in this home, and was very pleased with the arrangements made for their comfort. They appeared to be very contented. I was glad to hear that many of them are allowed parole.

The house was in good order.

Stechford Hall,

December 12th, 1923.

I have to-day seen all the patients in this house, and found them to be comfortable and well cared for. I was glad to hear that they are all allowed free parole.

The house was in good order.

Birmingham Mental Hospitals.—2. Rubery Hill and Hollymoor.

December 11th, 1923.

We have yesterday and to-day visited the institution which is being maintained in good order. A great deal of useful work is in progress to improve the conditions under which the patients are living. Four new day-rooms are being erected at Rubery, two on each side, which, when completed, as it is hoped they will be in the summer of next year, will enable some of the large dayrooms now in use to be broken up into more manageable and convenient proportions. Three bungalow annexes, each for 40 patients, are being built, one at Rubery and two at Hollymoor. The new road with a bridge over the railway and the river, which will provide direct communication between the two hospitals has been commenced. At Hollymoor, a new house for the Deputy Medical Superintendent is in process of erection, and one section of the Verandah to the Reception Ward has been completed. The institution to-day is practically full, there being no vacancies on the female side and only 15 on the male. Under these circumstances it is essential that the question of providing further accommodation, which, so far as it is possible to judge, will become acute in the immediate future, should be receiving the close attention of the authorities.

Many useful minor improvements have been carried out amongst which we may mention the installation of a cinema and the erection of 12 cottages for staff at Rubery, the improvement of the laboratory by the appropriation of some of the old Workshops and the installation of continuous baths at Hollymoor. A Hobart mixer has been provided in the kitchen at Rubery, and a new washing machine in the foul laundry.

Plans will shortly be before our Board for improving the small lavatory attached to the committee room at Rubery, and the proposed purchase of some 27 acres of land adjoining Hollymoor is being considered by our Board. Both these proposals seemed to us to be very desirable. The wards and dormitories are very well kept, and the beds and bedding leave nothing to be desired. Much attention is given to the washing arrangements and personal cleanliness of the patients, and we were glad to see the hot water taps attached to the washing basins at Hollymoor. Care is also taken in dealing with foul clothing to prevent the risk of infection spreading, should it be introduced into the building. We should be glad if at any rate the majority of the female patients might be allowed to undress at night by their beds, as is now done on the male side. We thought that the clothing of the patients was good, and we noticed many who were wearing their own clothes. The patients of both sexes seemed to be well cared for, and apart from the question of discharge, we received no complaints. On the whole they seemed generally to be comfortable and contented, and there was no noisy excitement during our visits to the wards.

The dietary seemed to us to be satisfactory, and due regard is given to providing variety at the breakfasts and teas. The dinner yesterday consisted of a good thick soup with bread, which was followed by a very tasty currant pudding.

The following changes have occurred among the patients since the last visit in July, 1922.

	M.	F.	T.
Admissions - - - - -	239	431	670
Discharges or removals - -	66	90	156
„ upon recovery - -	42	49	91
Deaths - - - - -	40	49	89

There are to-day on the books, the names of 1,427 patients, of whom 637 are of the male and 790 of the female sex. There are 10 patients of the private class and 61 “Service” patients, who appeared to us to be receiving proper care and attention. Out-county patients are five in number. Six patients were away on trial; we notice that during the period under review 91 patients have been allowed out on trial and that to 27 of them money allowances were granted by the committee.

A fair amount of parole is granted, 12 men and 27 women being allowed this privilege beyond the estate and 30 men within it.

The patients generally were in good physical health, and it is very satisfactory that the hospital has been entirely free from epidemic disease during the past 17 months, except for four cases of diphtheria at the end of 1922. There are 11 patients (five men and six women) known to be suffering from tuberculosis and unfortunately, owing to the construction of the buildings, they have of necessity to be warded with others in the infirmary wards. Dr. Graves is fully alive to the desirability of segregation for tubercular dysenteric and other cases, and we were glad to hear that provision for it will not be lost sight of when a scheme for further extensions is being considered. We were quite satisfied with the arrangements made for the nursing of the sick, though some of the infirmary wards are not well adapted for the purpose, and with the methods of keeping dressings, instruments, etc. but we should like to see more bedside tables supplied for the use of those in bed.

All the deaths with the exception of one, which was due to suicide whilst the patient was on trial, were due to natural causes, the chief of which were heart disease in 32 instances or over 37 per cent. of the total deaths, and general paralysis in 17 (13 men and 4 women).

Two inquests were held.

The mortality rate per cent. for the year 1922 was 4.93 (4.77 men and 5.07 females); that for the present year will probably be at an equally satisfactory low figure.

We were very much interested in hearing of the excellent work, both experimental and otherwise, that is being undertaken in the laboratories and in the wards, more especially with a view to determining the origin of the mental disorders of the patients, and by removing the primal cause to effect cures when such are possible. The hospital has the assistance of Birmingham specialists in the various branches of medicine and surgery, including women's diseases and those of the ear, nose, throat and teeth, who attend regularly and discuss the cases with the resident medical staff.

The X-ray department, where a skilled operator attends every week, is largely used, and is proving to be of the greatest assistance in the diagnosis of disease.

The laboratory under the general direction of Sir Frederick Mott, and with Dr. Pickworth in immediate charge, is doing excellent work in research and in bacteriological investigation. It will be noticed from the above figures that the numbers of the female patients considerably exceed those of the males; to meet this difficulty at the present time, two of the wards on the male side are occupied by female patients, adequate arrangements being made for their segregation.

The maintenance charges are 26s. 10d. for home and two guineas for out-county and private patients. The Nursing staff are now working on the basis of a 66-hour week, with 5 days off duty in each fortnight. We notice that 25 of the men and 24 of the women hold the final certificate of the Medico-Psychological Association.

Dr. Graves has the assistance of Dr. Forsyth as deputy superintendent, and of Drs. Cobb, Wall, Brown, Isabel King and Annie Fairweather, the last named being a *locum tenens*. All the permanent medical staff hold the diploma in Psychological medicine.

Brighton Mental Hospital, Haywards Heath.

August 21st, 1923.

Spending yesterday and to-day in inspecting this hospital and in seeing, as I believe, all the patients, I can say that in general the hospital is maintained in generally a very good condition. Re-decoration of the wards has been continued, and is still in progress, and the external painting of the building has been completed. Some 10 single-rooms and 15 nurses' rooms have been plastered. New settling-tanks at the sewage outfall

have been built, and an improved condition in the treatment of the sludge and effluent is under consideration.

There still remain some parts of the hospital where the need for redecoration is apparent. Among these, mention may be made of the general bath-room on the female side and the small sanitary spur used by patients working in the main kitchen. The latter and indeed a number of W.C. spurs are without promptly accessible means of washing the user's hands. Since April 28th last year, the changes among the patients have been :—

	M.	F.	T.
Admission - - - - -	99	164	263
Discharges and transfers to other care	53	96	149
Deaths - - - - -	39	58	97

The discharges included 80 recoveries. In this connection it is noteworthy that only nine cases were allowed out on trial, and that to only two of these was any money allowance granted. Besides, its humanitarian aspect, I believe the committee would find it an economically sound policy were they to exercise their powers under section 55 of the 1890 Lunacy Act much more freely and, in the sometimes difficult matter of rehabilitating patients fully or partially recovered from mental illness, I think they would find themselves much assisted if a local branch of the Mental After Care Association could be formed in Brighton.

On the statutory books, there are at present the names of 301 male and 499 female patients, all 800 of whom are in residence. Among these are 11 male and 34 female private patients, besides 22 men of the "Service" class.

The out-county cases number 54 on the male and 103 on the female side, of whom 7 and 15 respectively are patients who will be moved to other mental hospitals as speedily as practicable. The remainder are cases under contract—122 from the East Sussex Mental Hospital (Eastbourne) and 13 from Napsbury, the contracts expiring in 1927. There are at present 15 Brighton juvenile patients boarded out—5 at Hellingly and 10 at Netherne Mental Hospital.

The night accommodation here exceeds that for use by day. Based upon the latter space, there would appear to be over-crowding to the extent of 5 cases on the male and 50 on the female side.

The weekly maintenance charge is at present 24s. for home patients, 29s. for out-county cases, and 28s. to 63s. for private patients, for whom there is no separate accommodation.

The appearance of the patients suggested that they are well and carefully looked after. I spoke to each and had leisurely chats with a large number of them. There were numerous appeals for discharge into each of which I carefully inquired, but I had no complaints worthy of mention and none as to treatment.

The bedding is in excellent order and condition and, generally speaking, the clothing is satisfactory. There is still a shortage of slippers and, while the supply of capes and shawls is sufficient, I should like to see more overcoats for both men and women provided. Having regard to the time of year, many of the women were wearing print dresses; that they did not look as nice as they might is, I am sure, because they are only roughdried, as is all that it is done to their underwear. This is a matter that should be looked into, and will I hope, be remedied.

None of the male patients are shaved, and the introduction of safety razors would, I am sure, be appreciated by them. I would also suggest the provision of a glazed letter-box in each ward, opened by a key carried by an officer.

The death-rate for 1922 was 12·6 on the male and 12·3 on the female sides. The 39 male and 58 female deaths were all from natural causes—verified by post-mortem examinations in a little over 50 per cent. I hope it will be found possible to augment this proportion, as well for the protective influence as for the scientific interest of their examinations.

In only two instances was there a bed-sore at death, and in only one of the 22 men and 76 women at present in bed does this complication exist. This is creditable to the nursing staff on both sides, as is also to those on the female side, the fact that some eight or a dozen of the women under treatment in bed are daily, weather permitting, carried with their bedding to and from a first-floor dormitory so as to get their treatment in the open air. That the number of women in bed so far out-number the men seems to be due to the fact that rest in bed for the treatment of mental symptoms seems much more required or at any rate employed on the female than on the male side. It is a mode of treatment which within the proper limits practised here, is to be commended, especially if it can be carried out in the open-air. For this reason I trust that consideration will be given to the provision—perhaps first for the women—of a verandah on each side, for which an excellent site exists; its utility would be enhanced were some not very extensive structural alterations made to the corridor dormitory and single-rooms used by patients from ward 6, so as to enable this space to be used for nursing purposes.

There are certain other deficiencies in facilities for giving treatment in accordance with the demands of modern medicine which, though not unnatural in an institution erected as long ago as 1859, and probably well-known to the committee, I feel I ought to mention, in order that they may be kept in mind and made good as opportunity offers. Foremost, is the absence of any laboratory; if a suitable room could be found, its equipment need not be very costly and, with the help of a technical assistant, the work could with advantage be carried out by the part-time services of a pathologist; its special need is a relation to clinical work and the thorough and up-to-date physical examination of the patients. In this latter relation, a medical officer's "clinical room"—a desideratum in every ward—is much needed at the infirmary and admission wards; and such provision would be worth the sacrifice, if practicable of some nurses' and single rooms. There is no special means of conveniently giving "continuous baths" and other forms of hydrotherapy. There is an excellent dental room, but no operating room, and the supply of surgical instruments is meagre; whenever these are obtained, a proper cupboard for them should be provided as well as some modern-type surgical dressings, trolleys for the infirmaries—for, besides their utility, they have an educational value in the adequate training of the nursing staff. For the many patients in bed, I am sure that the provision of a few more bed-tables of the present pattern and a supply of small ones would be a real boon.

Commendable efforts, and with considerable success, are made to induce patients to use tooth-brushes, and I noticed that in many ways questions of sanitation for the promotion of general health are receiving much attention. There have been two sporadic cases of typhoid fever on the female side—none since August last year. Scattered through the period under review, there have been nine cases of dysentery, all on the female side, one of which is still active; but, in this relation, I notice that cases of diarrhoea have not been entered in the Register, due, I think, to the misunderstanding of a notice from our Board. The number of known cases of tuberculosis in active form is 7 on the male and 14 on the female side. There does not appear to have been any incidence of these disorders among the staff.

As a check and guard against tuberculosis and in the general treatment of mental disorders, a very important factor is liberality of diet. Considerable thought is evidently being given to this matter here; but I think there are still some points in need of attention. The dinners yesterday and to-day were well-served, and that of to-day was excellent and much appreciated, but I cannot say the same of yesterday's, which was stew with a liberal allowance of bread, much of the meat in it was coarse, and difficult if not impossible to eat; probably its nutritive value in the liquor from boiling was considerable, but if that was its purpose, and it was not intended to be eaten, it should not have been served to the patients, many of whom, with the aid of only spoons, could merely leave it untouched on their plates; and, in any case, I am sure that a dinner of this type would be much

more satisfying if followed (as is the case with the pea-soup dinner) by a suet pudding. Apart from the 2 ozs. each of sausage and tinned meat a week, and the bones and meat in the soup and stew dinners, the weekly allowance of meat is $20\frac{1}{2}$ ozs. of which $2\frac{1}{2}$ ozs. is tinned; I doubt if this is sufficient. I also suggest that, if served with a small allowance of cold milk, porridge would be a useful and appreciated addition to the dietary. No milk used in any part of the patients' ordinary diet ought to be skimmed, and it would be preferable that, except there is a real surplus of milk, and the skimmed can be used as merely beverage, what butter is required for the staff and perhaps for new admissions and debilitated patients should be purchased. As a matter of fact, butter is not issued to the nursing or domestic staff and, as they appear to prefer to purchase their own instead of using the margarine supplied to them, I saw the discarded margarine being melted down with dripping for the patients; this did not seem to me satisfactory, and in some other particulars I thought that the staff diet scale not as good as it should be.

Casualties of at all a serious nature have been few. One resulting in the loss of an eye in a male patient was caused in a struggle which ensued, following a severe and unprovoked attack made by the patient upon a male nurse. A female patient, who became resistive while being bathed, sustained a broken arm. The circumstances in both instances were fully inquired into at the time by the committee; and, from the information given me, neither incident nor the cases of three other fractured limbs call for further notice here.

The nursing staff is practically the same numerically as when my colleague visited in April last year. Their duration of service compares very favourably with many mental hospitals: none of the male nurses and only 10 per cent. of the women have less than one year's service. It is also satisfactory to see that there is a gradual increase in their number in possession of the nursing certificate of the Medico-Psychological Association.

The "loose leaf system" for the purpose of keeping clinical records, the convenience of which was urged by my colleague, has been introduced. These records, the registers and other medical books are in very good order.

It was with great regret that our Board learnt of the ill-health and resignation of Dr. Planck. He was appointed to the position of medical superintendent in May, 1910, and would have completed next November 29 years service upon the medical staff of this hospital. During this long period he has devoted all his energies, in a very single-minded way, to the duties of his post, and he is one upon whom the stress of war conditions told heavily. It is the hope of my colleagues and myself that he will speedily be restored to health, and to the enjoyment of many years rest from official duties.

Dr. Planck, whose retirement takes effect on the 30th of next month, is at present away on leave. In his absence, the medical staff comprises Dr. Harper Smith as deputy and acting medical superintendent, Dr. Forster, and a temporary medical officer. From all of these and the other officers, I received much assistance in the course of my visit, in particular, Dr. Harper Smith's intimate knowledge of the patients and of the administrative requirements of the institution were of especial help to me.

In concluding this entry, I should like to express the hope that it may be possible in the early future to establish a centre—perhaps at the well-known Royal Sussex Hospital—for the out-patient treatment of mental cases arising within the area served by the Brighton Mental Hospital, and for which the skilled services of the medical staff here might well be made available. If real success attended such a step, the latter, besides being in the right direction—might prove to be the means of obviating certain additions to this hospital which otherwise seem sooner or later inevitable.

Bristol Mental Hospital.

April 19th, 1923.

I have to-day completed the inspection of this institution which I commenced yesterday afternoon, and can report that it continues to be well maintained and carried on for the welfare of those resident therein.

Since my colleagues' visit rather over five months ago, the following changes have taken place among the patients :—

	M.	F.	T.
Admitted - - - - -	34	61	95
Discharged or removed - -	23	33	56
of whom had recovered - -	14	20	34
Died - - - - -	11	19	30

Of those discharged, 15 were sent out under Section 79 of the Lunacy Act, 1890, on the undertaking of their relatives. There have only been four patients allowed out on trial during the above-mentioned period, and I hope the Committee will make full use of their powers under Section 55 in this respect in suitable cases. Two of the four who were on trial were granted money allowances.

There are now on the statutory books the names of 768 patients in the proportion of 360 males to 408 females. The average number of patients resident during the year ended 31st December last was 342 males and 410 females—a total of 752.

The total accommodation in the Asylum is for 495 male and 550 female patients; so, upon this calculation, there are vacancies for 135 patients on the male and 142 patients on the female side.

The maintenance charge has been reduced from 22s. 9d. to 21s. 7d. for the home patients, and from 35s. to 31s. 6d. for the private patients. That for the out-county patients, of whom there are but two of each sex, remains at 40s. a week.

All the patients whose names are on the books are now in residence, and to the best of my belief all have been seen by me.

Thirty-nine men and 19 women are classified as private patients, 34 of the former being of the "Service" class. These are accommodated in five of the male wards, the majority in No. 6. They are receiving the privileges due to their class, and are being properly cared for.

I found the patients of both sexes generally very quiet and orderly in their behaviour, although in the acute court on the female side there was some noise from a few of the epileptic patients. Apart from appeals for discharge, I received no complaints as regards treatment or unkindness on the part of the staff, who appeared to be on good terms with their patients.

The clothing was good, and the personal appearance and tidiness of the patients generally quite satisfactory.

The day-rooms and galleries were tidy and in good order, with a sufficient supply of plants, books, papers and things to interest the patients.

I suggest that in each ward a glazed letter-box should be placed, in which patients can post their letters, which should only be collected by an officer.

The beds and bedding in the dormitories and side rooms were clean and well-arranged.

My colleagues' suggestions as to the arrangements at the mortuary for friends of deceased patients to view the bodies is being attended to; and the provision of a hand basin near the lavatory of the kitchen will be made.

The fabric of the institution is well maintained, and the wards and departments throughout are in a good state of decoration. The gardens and grounds are well kept, and looked well with the fresh foliage and spring flowers.

The general health of the patients is good, but 14 patients on each side being confined to bed. Since the last visit there have been five cases

of dysentery on the male side—two last month and three this month. At the present time three males are being nursed for this disease, the other two cases having proved fatal. There are 15 cases of active tuberculosis—11 male and 4 female. The incidence of this latter disease for last year in this Asylum was 29·3 new cases per 1,000 population, and deaths 17·3 per 1,000 whereas the mean rates for all asylums were 17·1 and 11·8 respectively. Dr. Blachford is not able to suggest a cause for these high figures.

The mortality rate during 1922, calculated as a percentage upon the average number resident, was 11·3—males 7·3 and females 14·6—as compared with 12·4—males 14 and females 11·2—for 1921.

All the 30 deaths that have occurred since my colleagues' visit were from natural causes, verified by post-mortem examination in the creditable proportion of 86·6 per cent. No inquest was held.

The chief causes of death were kidney disease in the case of one man and seven women, or in 26·6 per cent.; general paralysis in the case of five men, or in 16·6 per cent.; pneumonia in one male and two females, or in 10 per cent. Tuberculosis was the cause of death in two women, or 6·6 per cent. of the total deaths.

There were three casualties involving the fracture of bones, in the cases of two men and one woman. None of them call for comment.

The institution is at present free from any case of scabies.

There has been no employment of mechanical restraint, and seclusion has only been resorted to in the case of one man on 36 occasions and three women on six occasions for a total of 80 hours.

From the miscellaneous returns for last year submitted to my Board, I find that 37 per cent. of the patients, excluding the Roman Catholics, were usually attending the Church of England services, and that 26 out of 33 patients professing the Roman Catholic faith were usually present at the services held for them. The percentage of patients usually attending the weekly entertainments was 42·8.

The average number of patients usefully employed is about that in Asylums generally. A large number of the men are still only employed in ward work, and the numbers in the shops are low.

The present nursing staff is :—

	M.	F.	T.
Charge - - - - -	13	9	22
„ for night - - - - -	1	—	1
Ordinary - - - - -	28	38	66
Night - - - - -	7	8	15

Fourteen of the men and but three of the nurses hold the certificate of the Medico-Psychological Association for nursing, while one man and four nurses have passed the preliminary examination. It is to be hoped that the figures on the part of the female staff will be increased.

Dr. Blachford has the assistance of two medical colleagues, one of whom is in a temporary capacity. Mr. E. A. J. Dowling is the visiting dentist, and Dr. Geoffrey Hadfield renders services as pathologist.

Canterbury Mental Hospital.

March 8th, 1923.

I have to-day paid the annual visit on behalf of my Board to this Institution, and can report that it continues to be well carried on for the benefit and treatment of the patients resident therein.

Since my colleagues' visit, eight months ago, the following changes have taken place among the patient population :—

	M.	F.	T.
Admissions - - - - -	6	6	12
Discharges or removals - - - - -	3	4	7
Recoveries - - - - -	1	3	4
Deaths - - - - -	2	1	3

There are now on the statutory books the names of 80 males and 89 female patients—a total of 169, which was also the daily average number of patients resident during the year 1922. One female patient is now out on trial, and to the best of my belief I have seen all the others who are in residence. Nineteen males and 24 females are classed as private patients, five of the former being of the Service class. There are five out-county patients chargeable to as many various Unions.

The weekly maintenance charge for home and out-county patients is as high as 33s. 10d., and it is to be hoped that the Committee will be able to fill up the vacant accommodation by receiving patients under contract from other authorities which will help to lower this rate. The old blocks on either side of the main building, affording excellent accommodation for 50 patients of each sex, are empty. In order to receive patients under contract these would have to be furnished, and more equipment obtained for the kitchen and laundry.

The total accommodation in the Asylum, including the empty wards, is for 126 male and 146 female patients.

The weekly charge for those of the private class is from 2 guineas to 4 guineas, separate private accommodation being provided in Stone House for the ladies and in a separate house for the gentlemen.

I found the patients of both sexes very quiet and orderly, and free from any complaints. Those of the Service class were receiving the privileges of their class; they were visited in October last by Dr. E. Prideaux, Headquarter Inspector of the Ministry of Pensions, who reported to his Ministry favourably as to the condition in which he found them.

The general health of the Institution is good, and, of the 12 males and 17 females who were confined to bed during the course of my visit, the majority were there for rest on account of old age or for mental reasons. During the past eight months there has been no case of epidemic or zymotic disease, and there is at the present time no one suffering from tuberculosis.

The death rate for the year ended 31st December last was 6·17 per cent. for males and 6·81 for females, or for both sexes together of 6·50 per cent. All three deaths since last visit were from natural causes, due respectively to heart disease and carcinoma of the lung in the male deaths and pneumonia in that of the female. Two post-mortems were held.

There was one casualty involving the fracture of the right radius in the case of a female patient through an accidental fall on the polished floor.

There has been no use of mechanical restraint; seclusion has been employed in the case of five female patients on 14 occasions for a total of 33 hours.

Parole has been allowed to 11 male and 20 female patients within the Asylum estate, and to three males and two females outside the estate.

The fabric of the Institution generally is well maintained. The internal decoration of Stone House has been completed, and that of the male private villa is now in progress. The wards were comfortable and well kept.

The nursing staff consists of :—

	M.	F.	T.
Charge - - - - -	3	3	6
Ordinary - - - - -	13	16	29
Night - - - - -	3	4	7

No female nurses are employed on the male side.

Two of each sex hold the final certificate of the Medico-Psychological Association, and seven of each sex have passed the preliminary examination.

I have been accompanied on my visit by Dr. Sall, from whom I received every assistance. He still has the services of Dr. Marriott as temporary medical officer.

Cardiff Mental Hospital.

April 12th, 1923.

We have to-day paid the annual visit to this Institution on behalf of our Board, and can report that it continues to be maintained and carried on for the benefit and treatment of the patients excellently under Colonel Goodall's able administration.

During the five months that have elapsed since our colleagues' visit, the following changes have taken place among the patients :—

	M.	F.	T.
Admitted - - - - -	50	48	98
Discharged or removed - - - - -	29	23	52
of whom had recovered - - - - -	16	13	29
Allowed out on trial - - - - -	13	16	29
Died - - - - -	13	6	19

To those allowed out on trial, money allowances were only granted to two men and one woman. We concur with our colleagues in thinking that the powers of the Committee under Section 55 of the Lunacy Act in granting money allowances should be more freely used. The relief from financial anxiety on first return home often conduces to quicker recovery.

The above changes leave on the books the names of 581 patients, in the proportion of 306 males to 275 females; two of the former and three of the latter are out on trial, and to the best of our belief we have seen all those who are at present in residence, and given them an opportunity of speaking with us. We received no complaints as to their treatment from any of the patients, and but few appeals for discharge. The patients of both sexes were generally very quiet and orderly in their behaviour, and appeared contented and very comfortable in their surroundings. Thirty-eight males and five females are classified as private patients, 36 of the former being "Service" patients. All the private patients are distributed throughout the wards according to their mental state and behaviour. There are no out-county patients. The accommodation in the Asylum, according to the return made to our Board, is for 295 males and 400 females. On this calculation, there is an excess of nine patients on the male side and vacancies for 128 women. One ward on the male side and four wards on the female side are at present not occupied by patients, with the exception of part of the dormitory in F. 2a. All the wards, therefore, are somewhat in excess of their proper number of patients, and it is proposed, we are glad to hear, to open shortly F. 2a.

The maintenance rate for the home patients has been reduced from 42s. to 36s. 2d. per week; that for the private patients in the Cardiff area is 2 guineas, and for those outside that area 52s. 6d. a week.

The fabric of the Institution is very well maintained, and all parts are in excellent order. The dayrooms and dormitories are bright and well-kept. There is a good supply of books, plants and birds in cages.

The dress and personal appearance of the patients of both sexes were quite satisfactory. We notice that no patients are allowed parole, even within the grounds of the hospital, and that no patients are allowed to sit up later at night than the ordinary patients. We hope that both these matters will receive the consideration of Colonel Goodall.

Throughout the winter the general health of the patients has been excellent, and, apart from one case of enteric fever on the female side, the cause of which could not be discovered, there has been no epidemic disease.

Four patients, three males and one female, are at present known to be suffering from tuberculosis, and this disease accounted for four of the 19 deaths. All such cases are treated on the verandahs, and are carefully segregated from others.

All the deaths were due to natural causes except one, which resulted from a suicidal act by a female patient who had been allowed to go out on trial so that she might receive surgical treatment at a general hospital.

There have been no serious casualties.

We had no complaints about the diet, but we thought that something more might be done to vary the monotony of the breakfasts and teas. We understand, however, that the Committee are awaiting the report of the Committee appointed by our Board on the subject of dietary.

Mechanical restraint has been used in the case of one patient on 18 occasions for surgical reasons, and one patient of each sex has been secluded once each for 12 hours.

From the miscellaneous returns for last year furnished to our Board, we find that the attendances at the religious services and the weekly entertainments were very good.

The percentage of patients usefully employed is well up to the average of asylums generally.

The nursing staff consists of :—

	M.	F.	T.
Charge - - - - -	5	12	17
Ordinary - - - - -	29	54	83
Night - - - - -	4	9	13

Twenty-five female nurses are employed in six of the wards on the male side; in all but one, the infirmary, there is also one male attendant on duty with them.

The number of nursing staff who are in possession of nursing certificates is very satisfactory, 18 of the men and 27 of the women being in possession of the final certificate of the Medico-Psychological Association, while 14 male and 19 female nurses have passed the preliminary examination.

Colonel Goodall has the assistance of two medical colleagues, Dr. J. Walker and Dr. S. Grossman. Dr. R. V. Stanford is the Research Chemist.

Croydon Mental Hospital.

August 2nd, 1923.

This institution continues to be very well maintained and affords very suitable and comfortable accommodation for the patients residing here. Of this I had ample evidence from the general contentment that prevailed, especially among the most intelligent patients. In the acute wards on both sides there are numerous intractable and impulsive patients, but they appeared to be dealt with most kindly and considerately. Apart from the subject of discharge I received nothing in the nature of complaints.

The institution continues to be overcrowded; there were to-day 17 male and 36 female patients above the proper complement, in addition to which there are 30 males and 12 females boarded out in the W. Sussex Mental Hospital. In several of the dormitories on both sides beds have to be made up on the floors, notably in M. G 2 and in F. B 2 and D 1 and D 2.

Under these circumstances the Committee will have to consider very seriously the question of providing further accommodation. I hear that W. Sussex are pressing for the withdrawal of the patients boarded out there, and it is certain that in the near future it will be impossible to find other local authorities who will be in a position to receive patients under contract. The position, therefore, is serious. In considering further extensions I hope the importance of a well-equipped admission hospital for both sexes will not be lost sight of; at present newly admitted cases are received in the infirmary wards, with the result that treatment in bed, which is so beneficial to these cases, has sometimes to be unfortunately curtailed. Even with these disadvantages, I was pleased to note that the recovery rate on all admissions, excluding transfers, for the past year

was 57·14 per cent., which is the highest figure reached in the records of the institution, and is considerably higher than the average recovery rate in the mental hospitals of the country.

I understand that it is proposed to enlarge the small pathological laboratory and hope that it may be found possible in the place of the temporary medical officer, to appoint as third assistant medical officer, and permanently, a medical man with special pathological qualifications.

I think the visits of the dentist might very usefully be increased to twice a week.

The following changes among the patients have occurred since my colleague's visit in June, 1922 :—

	M.	F.	T.
Admissions - - - -	50	104	154
Discharges or removals - -	62	70	132
" upon recovery - -	26	46	72
Deaths - - - -	21	36	57

There were to-day on the books the names of 716 patients, 220 being males and 496 females, two men being absent on trial.

The private patients are 133 in number, 43 being men and 90 women; among the men are 17 "service" patients, who are receiving proper care and attention.

There are eight patients chargeable to outside unions.

I saw a good dinner served to-day in several of the wards, which consisted of steamed fish with new potatoes and bread followed by either plum or rice pudding. Efforts are being made to vary the monotony of breakfasts and teas, at the former porridge is always given, and at the latter, on several days of the week either jam or cake is provided. I understand that a fish-fryer is on order which ought to increase materially the popularity of the fish dinner.

The weekly maintenance charge is 21s. for home, and 35s. 8d. for out-county patients; private patients are received at rates varying from 25s. 8d. to five guineas.

There is no recorded use of mechanical restraint or of seclusion.

The general health of the institution to-day was very good, and I notice that the mortality rate for 1922 was only 7·46 per cent., a satisfactory figure. Only 11 men and 25 women were to-day confined to bed, all except two being in the infirmary wards on each side, where the arrangements for the recovery of the sick appeared to be excellent. Several of the cases were old and feeble patients, or recent admissions undergoing treatment—few of them were dangerously ill. Six patients (4 men and 2 women) were suffering from tuberculosis; the only case of dysentery during the period under review occurred in June last year. There have been no other cases of epidemic or zymotic disease.

The 57 deaths, the causes of which were verified in only 11 instances by post-mortem examination, were all of them due to natural causes, general paralysis being responsible for 8 (6 male and 2 female), tuberculosis for 5, pneumonia for 6, and heart disease and senile decay for 16 and 9 respectively.

There has only been one inquest, in a case where death occurred unexpectedly.

The only serious casualty was the result of an accident, and does not require further mention.

The nursing staff remains practically at the same strength as was recorded last year. Of the 42 attendants and 69 nurses, 13 attendants and 6 nurses possess the Preliminary Nursing Certificate of the Medico-Psychological Association, but only 4 attendants the Final Certificate. At the same time, it is only fair to say that I was particularly struck with the general capacity of the nurses of both sexes, and with the knowledge they showed of their patients.

Nothing in the miscellaneous returns made annually to my Board appears to call for special mention.

Dr. Pasmore has the assistance of two permanent, and one temporary, medical colleagues.

Derby Borough Mental Hospital.

February 23rd, 1923.

Since the last visit from a member of the Board, very considerable advance has been made in the plastering of the walls: this work is still in active progress and will soon be completed. The scullery has also been thoroughly done up, on similar lines to the kitchen, some general renovation has been carried out, more will shortly be taken in hand, and the institution is throughout well maintained.

Without entering into details I may say that I found everything in excellent order, and with one exception, Albany Villa, where the private patients on the female side are in residence, the rooms were comfortably warm. I think the question of installing radiators in the Villa should be considered, as open fireplaces do not appear to be capable of keeping the temperature sufficiently high.

Dr. Bain, who is assisted in his work by Dr. Percy Court, I was glad to learn, has in view the provision of a clinical room in connection with one of the admission wards on each side.

In addition to the admission wards—No. 1 on each side, Female 5 has lately been used also for admissions—female wards 5 and 6 are a separate block, and are now being used so far as possible to take the place of villas for new and recovering cases—patients who make a quick recovery are discharged from this block without association with the rest of the institution. The male side does not lend itself to exactly similar administration, but the new admissions are, as far as practical, treated in Male 1 and 5.

It is hoped, too, that ere long a room may be set aside as a small laboratory.

Tooth brushes are in use to a considerable extent; cupboards are in course of being provided for all the wards, where the patients can keep in a small receptacle his or her tooth brush; all patients wash their hands before meals, and an endeavour is made to see that they do so on other proper occasions; any who desire it and have them can wear their own clothes, and for some time past, attention has been given to the women's dress, with a view to improving the style and general appearance.

The arrangements in regard to the cleaning of foul and infectious linen are good, but Dr. Bain hopes soon to still further improve them.

I believe I have seen all the patients who are in residence, and, whilst I received no complaints—except on the score of detention from some who did not appear suitable for entire restriction from care—I did receive quite unsolicited expressions of gratitude for and approval of the treatment generally, from several of the inmates. I gather that trial, not only in reference to patients whose discharge is considered imminent, but with a view to taking advantage of the other provisions of the Act, is encouraged, and that money allowances are made in all suitable cases.

Since May 16th, 1922, there have been 76 admissions, 30 have been discharged or removed, of whom 19 had recovered and 27 have died. Of the deaths, 5 were as the result of general paralysis, 5 from tuberculosis, from which affection there are to-day 3 cases (female) in active form. Post mortem examinations were held in 23 instances of the 27 deaths. The death rate for the year to December 31st was 5·22—males 6·75, females 4·18.

There has been one case of enteric fever (a sporadic case), and one of influenza, the only instances of epidemic or zymotic disease since the last visit.

Those in bed numbered 48—males 10, females 38—but none were acutely ill, and most of the patients so confined were there for mental excitement, the feebleness of old age, or minor ailments. The two verandahs were practically in full use.

On the statutory books are 414 patients—male 168, female 246—of whom 24 are private and 22 are Service patients, the majority of whom have their meals in one ward, and all of whom, as the rest of the patients, appeared to be in receipt of proper and tactful attention, and where necessary, careful nursing.

One patient is on trial, leaving males 167, females 246—a total of 413 in residence.

Within the estate 12 male patients have parole, and one has this privilege extended beyond the grounds.

One male ward is unoccupied, and there are vacancies for 36 men and 30 women.

The maintenance rate for home patients is 26s. 3d. (the same as at the previous visit), for out-county (including contract cases), 29s. 9d.; and for private patients from 35s. to 52s. 6d.

There is no record of any mechanical restraint, and but few patients have been in seclusion.

The only case of a serious but non-fatal casualty was the result of an accidental fall.

The staff for day duty consists of: Charge attendants, 4; charge nurses, 6; ordinary attendants, 21; ordinary nurses, 29; and there are 4 attendants and 7 nurses for night duty. Fifteen attendants and nine nurses hold the nursing certificate of the Medico-Psychological Association.

About an average number of patients are engaged in some employment, and I have to note that a small recognition of 6d. a week is given to about 40 or 50 of those who are most actively engaged.

From the foregoing, it will be seen that I am very well pleased with my visit.

Exeter City Mental Hospital.

October 31st, 1923.

Since my colleague visited in December last the following changes have taken place amongst the patients.

	M.	F.	T.
Admitted - - - - -	19	38	57
Discharged - - - - -	17	25	42
Of whom had recovered - - - - -	7	16	23
Died - - - - -	11	1	12

There are now, therefore, on the books the names of 117 men and 181 women, or a total of 298, and all were in residence, except one man and three women who were away on trial.

Of the total number, 24 men and 47 women are classed as private patients, 8 of the former being Service patients, and 15 men are chargeable to out-county unions. The total accommodation provides for 154 men and 156 women by day, and for 175 men and 202 women by night, so that while there is vacant space for 59 men by night and 28 by day, and for 24 women by night, there is overcrowding on the female side by 22 during the day time. Dr. Reid will try to reallocate the space so that the day and night variation may, as far as possible, be overcome.

The maintenance rate is now 26s. per week for home, 28s. to 28s. 6d. for out-county, and 29s. 9d. to 50s. for private patients.

As the result of my visit to-day I can report very favourably as to the condition in which I found the institution, and as to the arrangements which are made for the patients' comfort and happiness. The wards were bright and cheerful and well kept, though greater attention is required to avoid accumulation of dust in corners and the day rooms were well supplied with books for the patients' amusement. I was very glad to notice that in two of the wards, one on each side, the windows are unblocked and can be opened to their full extent.

The patients, who were tidily dressed, appeared to be very contented, and more than one spoke of the kindness with which they are treated by the staff. Night shirts are now issued on the male side, and as old stock

of clothing is condemned, it is being replaced by garments of a better cut and style. Dressing gowns will also be supplied for the use of the female patients at bathing times.

The health of the patients has been good, and there has been no epidemic disease throughout the institution. Only two of each sex are now known to be suffering from tuberculosis and all of them are, as far as possible, isolated from others.

The death rate, which had fallen from 12·9 per cent. in 1921 to 8·8 per cent. in 1922, will, as far as can be judged at present, be still lower this year, as up to date there have only been 11 deaths on the male and one on the female side. None of the deaths call for special notice here, though the coroner held an inquest concerning the death of a male patient which was due to accidental causes.

During the period under review considerable painting and redecoration has been carried out, additional wash basins have been provided in M. 5, F. 5 and F. 3, and a disinfecter has been installed. Alterations and improvements are now in progress to the side rooms in M. 2 (the last remaining to be done), and the old bars are being done away with and new sash windows are being fitted.

The patients' dinner to-day consisted of tripe, onions and other vegetables, followed by a jam tart. The patients seemed to enjoy it thoroughly, and generally to be very contented with all the diet.

The staff now consists of 19 male and 23 female nurses for day, and of 4 of each sex for night duty. The preliminary examination for the nursing certificate has been passed by 3 men and 8 women and the final by 9 men and 4 women.

I understand that the question of opening a clinic at the Royal Devon and Exeter Hospital for the treatment of out-patients suffering from mental disorders is now under consideration.

Dr. Reid still has the assistance of Dr. MacGregor and I think he may well be congratulated on a successful first year's administration.

Gateshead Mental Hospital.

February 23rd, 1923.

I have spent to-day in inspecting this hospital and in seeing, as I believe, all the patients in residence. The institution throughout is in very good order; the wards are well kept and in general have a bright and pleasing appearance, but in some of them the gradual addition of some more pictures would be an advantage. Two wards on each side are at present not in use, but all of the six wards in occupation were comfortably warmed. I was glad to find that effect has been given to my colleague's suggestion that some of the window stops should, where practicable, be removed; and, as a commencement, and with good results, this has been done in the dormitories of the infirmary ward.

When visiting the kitchen, I made some suggestions to Dr. Tighe as to the provision for a lavatory basin in connection with the sanitary convenience in the yard; this is a very desirable precaution.

Since the visit of a Commissioner in September last year, 15 male and 14 female patients have been admitted; 11 have been discharged or transferred to other care—9 of the former on recovery; and 13 have died. These changes leave on the books the names of 138 male and 124 female patients, all of whom are in residence with the exception of two women who are away "on trial," a system that wisely continues to be practised here; and, though to none of them so allowed out on trial has any pecuniary allowance been made under section 55 of the 1890 Lunacy Act, I am informed that in each case the circumstances and the desirability of such monetary help are carefully considered.

Besides 20 "Service" patients, there are two women and one man classified as private patients.

With the value of extending to patients as much liberty as is safe and practicable, Dr. Tighe is in full sympathy, some 10 men having parole of

the grounds and one man and two women being allowed to walk beyond the estate. I hope, later, when more wards are in occupation, that it may be feasible to run one on each side on the open door principle.

The number of vacancies is at present 74 on the male and 88 on the female side, that is, more than a third of the total number of beds. The fact that on each side only three, instead of five, wards are open, increases the difficulty of classification, but I am satisfied that good care is given to this very important matter.

The weekly maintenance charge continues to be 37s. 4d., but as the cost is now considerably below this sum, a reduction in the charge will probably be made before long.

The death-rate (calculated as a percentage upon the average number resident) which in 1921 was 2·4 for the men and 8·7 for the women, was during last year 13·1 on the male and 6·1 on the female side, or 9·8, taking both sides together, but, in dealing with so small a number of deaths, it is, of course, unwise to attempt to draw conclusions from a comparison of the percentages of merely two years. The deaths, during the period under review, have been 11 males and 2 females, all from natural causes. I hope every reasonable effort will be made to increase the proportion in which a post-mortem examination is made.

During my visit I saw an excellent and manifestly much enjoyed dinner served in the wards to the patients. It was fried fish and two vegetables, followed by milk pudding on one side and bread pudding on the other side. The patients seemed to me remarkably contented. No one made any complaint to me of any kind and only three raised the question of discharge.

There were 11 male and 21 female patients in bed and, in inquiring as to the condition of each, I am satisfied that they are all in receipt of due care and careful nursing. Sometime I hope it may be found possible to provide a medical officer's clinical room at each of the admission wards, and to fit to the bath in each of these wards the special means necessary for conveniently giving "continuous baths," which are so valuable in certain acute mental phases.

When visiting the farm, I learnt, in reply to inquiry I made on the matter that pork is only given to the patients on Christmas Day, the rest of it being sold. It is such a favourite dinner with patients that, both for this reason and as an encouragement to patients working on the grounds, I hope consideration will be given to endeavouring to provide them with a pork dinner once a week or fortnight when in season, and selling only any surplus.

The nursing staff, apart from the matron and chief male nurse, now consists of 24 on the male and 23 on the female side, four on each side being on night-duty; just at the moment, and merely temporarily, it happens that there are seven vacancies on the female side.

City of Hull Mental Hospital, Willerby.

July 25th to 27th, 1923.

Early in March this year representations were made in committee by a lady member of the Committee of Visitors as to faults in the bathing arrangements at this hospital, and, subsequently to the receipt of a communication from our Board, the Committee held an inquiry which extended through four meetings, at the first of which the member, to whom reference has been made, read a statement setting out the observations she had made at a surprise visit paid to the hospital at seven o'clock in the morning of the 15th March. The allegations in this statement together with those originally made formed the subject matter of the Committee's investigation. In the course of it they encountered certain difficulties and before issuing their Report they felt it desirable, in view of the publicity which had been given to the matter and the uneasiness possibly engendered in the minds of relatives and friends of patients, that an independent

investigation should take place, and they accordingly asked our Board to hold an inquiry. Our Board were, however, of opinion that, before deciding as to the advisability of holding an inquiry, the Committee should issue their findings. This they did and transmitted them to our office on 6th July, 1923. The findings also formed part of the Minutes of the Committee's meeting on the 21st June when it was resolved that they should be submitted as a Report to the City Council. This report has been published and a copy can be obtained by anyone who wishes to peruse it. Together with a transcript of the evidence which had been previously forwarded, the Report received our Board's close consideration. We ought also to mention that the Councillor who made the allegations had paid two or three visits to our office, and had had interviews with some of the Commissioners. The conclusions arrived at were that the investigation and Report had been painstaking and marked by an earnest desire to get at, and to publish, the facts, and to set right any matters found to be amiss; and that, in the circumstances and in view of the time which had elapsed since the allegations were made, the most useful service, in the interests of the patients, would be that two of the Commissioners should visit the hospital as speedily as practicable, and, in the course of seeing all the patients, should closely inspect the conditions and arrangements now existing for their care, comfort and treatment—paying particular attention to the matters raised in the complaint.

Accordingly on the 25th July we paid a visit, unannounced to the officials of the hospital, which extended throughout the whole of the morning and afternoon of that and the next day, and included a visit from 10 p.m. to midnight during the night of those days. In the course of our visit during the night, we inspected every dormitory and all of the 68 single-rooms on the female side; we made a similar but not quite so complete an inspection on the male side.

The allegations, which had been made and all of which referred to the female side, can be summarised as relating to:—(1) bathing arrangements (over-crowding of bath-rooms, more than one person bathed in same water, lack of decency and privacy, use of soft-soap and use of enamel utensil to rinse the head); (2) disorderly and dirty condition of lavatories; (3) clothing (ragged condition, inadequacy of supply, clothes worn one day by one patient but by another the next day); (4) laundry appliances inadequate and clothing merely rough-dried; (5) dirty crockery; (6) general kitchen (insufficient staff, dirty vessels, untidiness); (7) overcrowding of observation dormitory (erroneously referred to as that of No. 4); (8) sick-rooms comfortless; (9) single-rooms dungeon-like and confinement therein as punishment; and (10) neglect and cruelty on part of nurses.

At our visit we found 301 male and 325 female patients in residence—a total of 626, which includes all the patients whose names were on the books excepting one woman absent "on trial." Among this total were 53 private patients (including 30 of the Service class) and 5 out-county cases. The weekly maintenance charge for home and out-county cases is 25s. 1d., and from 35s. to 42s. for private patients.

To the best of our belief, we saw every patient in residence; we had leisurely conversation with a considerable number of them, and we gave to each a full opportunity of raising any matter of grievance or complaint.

Some, but comparatively few, made representations as to their discharge; all these were in our opinion undoubtedly of unsound mind, but we discussed each of their cases with Dr. Merson with a view to the consideration of the possibility of some of these patients being discharged as relieved. As our colleagues have previously urged, we should like to see the Committee make more frequent use of their powers under Section 55 of the 1890 Lunacy Act which enables them not only to allow patients out on trial but to grant them a monetary allowance during the period of trial, and we believe that, if practicable, the formation of a local branch of the Mental After-Care Association would be found of material assistance

in dealing with cases who, though not recovered, might do well in the general community if a helping hand were available.

Not a single patient made any reference to the allegations which have been summarized above, notwithstanding the fact that to some of the women we put more or less leading questions; and, with three exceptions—two men and one woman, to whose cases we refer later—no patient made any complaint to us as to unkindness, lack of consideration or as to treatment in general. From a few we had definitely appreciative remarks as to kindness received; and, in talking to some relapsed cases among the recently admitted patients, we were struck by their absence of resentment at having been brought back and their confidence as to future renewed recovery.

In relation to the allegations, the following are our observations as to the conditions which we found obtaining in the hospital at the time of our visit :—

Bathing Arrangements.—The Committee had found that, at least in one bath-room, there had been overcrowding and that, at the hands of one, but only one, nurse who was for nine months in the service of the hospital last year, the same water had been used for two, but not more than two, patients. This nurse admitted the offence but stated that it was only done when no superior officer was present. The Committee also thought there had been insufficient care as to privacy but they satisfied themselves, with the aid of the City Analyst, that the soft-soap, which was and is still used, is of the proper quality for the purpose of washing the hair and is free from injurious ingredient. Whatever were the arrangements existing then, we are completely satisfied that the baths are of first-rate type, that they can be filled (to a sufficient depth) and emptied rapidly, that save on certain mornings which can easily be avoided there is an abundant supply of hot water, that by the movable screens which have been provided due privacy with adequate supervision can be obtained, and that there is a good supply of excellent bath towels. The towels are of two sizes, the smaller of which (rather more than a square yard) is intended for patients who prefer, or for special reason ought to have, each a towel to themselves and the other of maximum size obtainable is used by two or not more than three patients. Some of the patients, especially on the female side, express a preference thus to share because the size of the towel permits its use as a wrap. We think, and have been promised, that special rinsing bowls should be provided. We believe that the instructions which have been issued by the Superintendent as to bathing hours should obviate any tendency to undue hurry or overcrowding in the bath-rooms; we found these instructions in force except in F.5 ward where by some misapprehension bathing was still being conducted too early in the morning. The weak point in these arrangements is, in our opinion, the fact that, though the charge-nurse is present in each ward, the actual bathing is entrusted to the second nurse; in one ward (F.4) we found it delegated to even the third nurse. Apart from the fact that the charge-nurse is likely to be the senior in years and therefore, for this duty, more acceptable to the patients, we are convinced that the weekly bathing of patients in a mental hospital should always be carried out in the presence of the nurse in charge of the ward and under the supervision of an officer. We were promised that endeavour will be made to make the necessary adjustment of duties, and this we do not think will present serious difficulty. Each ward has its own bath-room in which there are either one or two baths, with the exception of No. 2 on each side where the room has four baths screened off from each other by curtains; and there is not on either side of the institution a general bath-room, such as most mental hospitals possess. From the point of view of celerity of bathing and its supervision by a superior officer, such as an assistant matron or head nurse, this absence is doubtless a drawback; but, in our judgment, general bath-rooms, especially if very large, are not without disadvantage and patients, particularly women, often prefer to bathe in the ward bath-room. We

have suggested that, in lieu of the proposed dressing-room to be constructed at F.4 on the ground floor and at F.5 on the floor above—the necessity for which we doubt—a moderate sized general bathroom with four or five baths, very conveniently arranged as respects privacy, and with the advantage of two dressing-rooms, one for undressing and the other for dressing, could easily be provided at No. 2 ward on each side, by the slight enlargement of the existing dressing-room and the enlargement and rearrangement of other rooms.

Condition of Lavatories.—These without exception were in first-rate order and, as indeed were all parts of the institution, scrupulously clean. Roller-towels are still used, but there was a fair supply of hand ones. We were glad to notice nail-brushes and in the w.c.'s the provision of toilet-paper. We suggested that, if suitable mugs were provided in number corresponding to the basins, the use of tooth-brushes, which are already provided, would be thereby encouraged—in which connection it is satisfactory to know that the Committee have appointed a visiting dentist and have equipped with chair and other requisites a room for his work; his visits are, however, at present only monthly.

We noticed that the supply of books to the patients' day-rooms was somewhat limited and that sufficient care is not taken to ensure that the books should be frequently changed.

The patients' airing grounds are kept in very good order and we were much pleased to see that means of amusement such as lawn tennis and golf putting grounds are provided for the use of the women as well as the men.

Clothing.—We paid particular attention to the patients' clothing, and were satisfied that, with the exception of some of the women's stockings and men's socks, no fault could be found with it. The material appeared to be good and all the garments were in a good state of repair and properly washed. All bedding and undergarments are put through the calender and sufficiently got up with the exception of the foul clothing, which is sent daily to the laundry and returned to the wards the same evening. We doubted if this hurried washing was necessary and think that with better arrangements this clothing could be dealt with in a more satisfactory manner.

We were glad to see that endeavour is being made, especially on the female side, to provide dresses and undergarments of a good cut and style and gradually, as opportunity occurs, to replace the old-fashioned garments by others such as the patients would wear in their own homes. We also noticed with pleasure that special underclothing for both men and women and special suits for the men have been obtained as an experiment.

At our visit at night and also at both visits by day we took note of the method of separating one patient's clothing from that of another when not actually in use, and we were satisfied that due precautions are taken to prevent the indiscriminate use of night-dresses and other garments. We made one or two small suggestions which we thought would tend to even better safeguards in this respect.

With regard to the stockings and socks we thought much improvement would result from the use of stocking machines and advise that two or three should be obtained. The stockings are now knitted by patients by hand and we had no fault to find with the material used, but the shape and appearance of the finished article left much to be desired.

We counted the stock in various wards and generally we were satisfied that the quantity of clothing provided was ample though there appeared to be a shortage of dressing gowns, slippers and men's coats in some of the wards. It was impossible however to take stock accurately in any ward, as we found that the stock from the various wards on each side was much mixed. All clothing and bedding is marked with a ward mark as well as the hospital mark, and the greatest care should be taken that the articles marked to one ward should be reserved for that ward only. Unless this is done stocktaking by the officers becomes a farce, and it

would be quite impossible to detect losses and to lay blame on those responsible for such losses.

On visiting the store and talking to the steward, we discovered that certain articles of clothing such as the new undergarments and men's suits mentioned before had not, on issue to the wards, been added to the ward inventories; and also that the head male and female nurse were allowed to alter the inventories whenever they consider it necessary. We cannot understand the action of the steward in omitting to send for the inventories in order to enter changes in them or in his assenting, without protest, to anyone but himself or a stores official making any alteration in them, a practice which under no consideration whatever should be permitted.

We were not altogether satisfied with the arrangements for the mending and condemning of the clothing, as they appear to vary in different wards, but we think a slight adjustment is all that is required to put things right.

Laundry.—The Committee in their report show that before the war the condition of the laundry had been thoroughly considered, and that it had been proposed to spend a considerable amount of money on improvements. These improvements had to be postponed but will now again be brought forward.

Under these circumstances we think it unnecessary to mention any particular points with regard to the appliances, but we must draw attention to the absence of any books to be kept by the laundress in charge. It appears to us that, unless records of all articles of clothing washed are properly kept in the laundry, it is impossible to supervise its economical working or to ascertain whether a sufficient and yet not extravagant number of articles are dealt with.

Crockery.—We see no reason to doubt the correctness of the explanation as to the dirtiness of some articles which was admitted, and we believe that it was limited to the ward in question and that it was an exceptional occurrence. We examined its condition in the kitchens and cupboards of a number of wards, on the tables at dinner and before tea, and during our night visit we saw that many tables had been laid out in readiness for breakfast which gave us a further opportunity of inspecting it. Every article had been thoroughly cleansed, and the glass tumblers at dinner were bright and well polished. Our experience is that in most mental hospitals this is a matter usually left (under supervision) to trustworthy patients who take a pride in their work. Certainly the condition of these articles, as we found them, would have been creditable to any establishment. We should have liked to have found the plates for the first course at dinner warmed; many mental hospitals have provided special means for this purpose both in the wards and, where part of the dining takes place as here in the hall, in the general kitchen.

General kitchen.—We visited the kitchen and the rooms attached to it on three different occasions and at each visit we were very satisfied with the condition in which we found it and with the general cleanliness and order that prevailed.

Overcrowding in female observation dormitory.—We had its superficial area measured. The number of beds in it has been reduced by three, but without this reduction the number did not exceed that laid down by our Board for the type of case sleeping in the room. It undoubtedly, however, looks crowded—due, we believe and as suggested by Dr. Merson, to the fact that the bedsteads are wider than is customary in many hospitals. This dormitory, which is on the first floor over ward 1, is not used for sick and infirm cases, but for cases gathered from various wards who by reason of their mental state or habits need continuous observation by night; it is a system which, while it economises in the number of night staff, is not without disadvantages, and does not obtain in mental hospitals of modern construction.

Condition of sick-rooms.—We cannot understand the allegation that these—by which we understand is meant the dormitories on each side in

which the sick are nursed—are comfortless. They are bright and well stocked—too full, some would say—with pictures, objects of interest and plants, most of which including some of the individual plants have been there for years, a fact which as regards the plants testifies to the interest taken in these matters by the nurses and patients assisting them. On the days of our visit, we found 19 male and 25 female patients in bed, all of them in the infirmary ward on each side, which—in the absence of any detached admission hospital—serves also for the admission of new cases.

Of these 44 patients in bed (7 per cent. of those in residence), 17 of the women and all the men were having open-air treatment under the verandahs, and among these were four of the ten cases known to be tuberculous, the remaining six not requiring to be in bed. Only one of the women was in a single-room and every patient in bed in the dormitories or under the verandahs had by his or her bedside a comfortable pair of slippers. For those on each verandah, two commodes and blankets as wraps were provided; while this is by no means unsatisfactory, we have seen a better form of convenience which we mentioned to Dr. Merson. We also suggested the provision of a few more full-sized bed-tables and a supply of small ones for use with meals. From our inspection of the diet-sheets in each ward there would appear to be no stint in the orders of sick and extra diet.

Of those in bed, four of the men and seven of the women had been comparatively recently admitted: questions put to the more sensible of these and other patients in bed did not elicit a single want unsupplied; and we were favourably impressed by a provision, which we observed in the course of our night visit and which is by no means universal in other similar institutions, whereby as a custom of long-standing all patients confined to bed are offered half-a-pint of warm milk during the night—the rarity of refusal is evidence that it is a comfort which is appreciated.

No patient in bed was the subject of a bed-sore or even an abrasion—so we were assured, and in several cases we verified the information by our own examination; and, of the 40 deaths which have occurred since the last visit by a Commissioner, in but two instances was there a bed-sore. Bearing in mind the many general paralytics admitted here, this of itself speaks well for the comfort of those in bed as well as for the care and attention afforded to them.

We observed with approval the systematic use of hospital charts for patients under treatment in bed. We inquired closely into the methods adopted by the nursing staff for the disposal of the dead pending the removal of the body to the mortuary and, from the description detailed to us, we are fully satisfied that they are reverent, proper and carefully directed towards the avoidance of distress to other patients. Doubtless a sick-ward is in truth sometimes a painful sight, especially if it includes patients in the terminal stages of certain forms of mental illness, but we certainly found no callousness of demeanour or any lack of comfort, nor do our observations leave us able to believe that any such lack has existed, and we are of opinion that, so long as the nursing staff are carrying out their often very difficult duties conscientiously and intelligently, they deserve commendation and every possible encouragement. We thought that the principal dormitory in the infirmary wards, though giving ample air space per patient, was somewhat deficient structurally in means for cross-ventilation, and we should like to see here and in other ground-floor wards, where not contra-indicated, the stops removed from as many of the upper window-sashes as practicable. We have also suggested the provision in each of these wards of a hospital dressing trolley, as well for the education of the staff as for the more aseptic storage of surgical dressings, Surgical instruments—of which, mindful of the proximity of the city, the supply can be described as fair—are properly kept and there are means for sterilising them. There is, however, no operating room, a desideratum which is finding its way into many mental hospitals.

Single-rooms, alleged to be dungeon-like and improperly used.—As already indicated, only one patient was occupying one of these rooms during the daytime and in her case the door was unfastened. "Seclusion," that is, the enforced isolation of a patient in one of these rooms between the hours of 7 a.m. and 7 p.m., with the consent of a Medical Officer—and against this mode of treatment in certain cases we have nothing to say—is, according to the records, not used to excess here. Since the 15th of last November, the period under review, 4 male and 21 female patients have been secluded, between them on 185 occasions totalling in all 502 hours. Except it may be that the doors are not unfastened as sharply as they should be at 7 a.m. (the day staff commence duty at that hour), as to which we have some doubt, we could find no evidence that seclusion is ever unauthorised or otherwise improperly used. So far as we observed, all the single-rooms are of one or other of the two authorised sizes and we saw none that was in disrepair. As is customary and to ensure the safety of such patients as are likely to break the window-panes, the window of each is provided with a hinged shutter which can be fastened in an open or closed position according to the necessities of the patient using the room; one panel of each shutter is absent, mainly so as to facilitate ventilation from the window (the sashes of which should be kept open when the shutter is closed), but also so as to provide a certain amount of light. Artificial light is obtainable from a gas-jet in a small glazed opening in the wall. If the night is dark and if, as the custom is here, these gas-jets are not lighted, these rooms must undoubtedly be very dark by night, nor on going into them during the night were we satisfied that their ventilation is as good as we should like. Save as respects two rooms where, and in particularly one of them, the atmosphere (though free from any foulness) was oppressively hot and unpleasant, this criticism as to ventilation does not impart anything further than an undue amount of stuffiness; and, apart from care which should be taken to see that the ceiling ventilators (where they exist) should be kept open, we suggested as an experiment the removal from a few of the rooms of the gas-jets and their protecting thick glass. We believe that, by this simple means, proper ventilation would be secured and that, if in addition a good pilot light is kept burning in corridors and rooms into which single rooms open, the liability of patients using the latter to find themselves in total darkness will be obviated. The cause—possibly to do with subway pipes—of the oppressive heat we have mentioned in two of the rooms is being inquired into by Dr. Merson. To stigmatize any of these rooms as dungeon-like is quite unwarranted and indicates a lack of acquaintance with the propensities of some patients, against the dangers from which it is imperative adequately to guard. In this connection we think that for the few cases who cannot be trusted with an ordinary chamber utensil, rubber ones should be provided. We, however, were impressed with the fact that it appeared to be a uniform practice here to close all single room shutters at night; as we should like to see some of these rooms used as a privilege, we suggested that the Medical Officers should carefully consider the cases of each occupant with a view, in suitable instances, to authorising the nursing staff to leave the shutters open—and, indeed, the doors, too, when this can safely be done. In the course of our tour of these rooms and dormitories at night, we were struck by what we thought was a deficiency in the supply of spare hand lamps in case of emergency; and we urged that additional ones should be immediately obtained.

Alleged neglect and cruelty on the part of Nurses.—A matter notoriously often difficult to prove and still more to disprove, when dealing with mental cases. The allegations referred to the cases of three female patients, to which might be added—though we do not propose to comment upon them—the cases of two female patients discharged as far back as 14 and 7 years ago respectively. As to the three cases, one was that of a dislocated shoulder and as the patient was known to have slipped upon a polished floor, which she herself corroborated without suggesting that

she had been pushed by anyone—nurse or patient—we are surprised that any suggestion as to her being pushed should have arisen; the evidence also seems to have been quite clear that she was promptly attended to and that there was no delay or other neglect. In the case of another woman in the terminal stage of paralysis and who is now dead, it was suggested that she was starved and otherwise neglected; in view of the Committee's findings and our own observations upon the standard of attention given, evidently habitually, to the sick and ill, we saw no necessity to make further inquiry. A third case is one of some difficulty; it is that of a woman (E.A.B. admitted 27th June 1921) still in the hospital who sustained a fracture of the left upper arm on, as far as known, the 9th of last February. As the evidence was conflicting, the Superintendent rightly asked the Committee to hold an inquiry, which was done by two of their members. She did not volunteer any complaint to us, but we thought it advisable to question her and did so at some length, privately with Dr. Merson. Without any emotion, exhibition of grievance or use of the term "torture," she related how, while two nurses twisted her arms behind her back, her left arm snapped; she said nothing whatever as to being thrown on the floor, and, though her memory does not seem otherwise impaired, she was unable to give the name of any patient or nurse among the several persons who she said were present. We interviewed the nurses principally concerned, who denied the occurrence of any struggle. In the light of the very improbable reason given by the patient for the nurses touching her, the simple and straightforward explanation of the incident given by the latter, the fact that on finding the patient's arm was swelled and apparently injured, they immediately summoned a doctor, the abnormal absence of any resentment on the part of the patient at being injured, and the fact that she had previously made accusations (said to be untrue) against her relatives, we felt it impossible to believe the patient in preference to the nurses—not because of her status as a patient, but for the reasons stated; exactly how or when the injury took place remains uncertain. This case is one of the three we excepted when alluding to the absence of complaint. The other two were men: one (J.W.D., admitted 11th July, 1921) is a "Service" patient who with threats of revenge and exposure and much vituperation accused the doctors, nurses and ourselves of conspiring against his liberty, to rob him and to do him bodily harm. The third is (J.A.G., admitted 3rd February, 1922), whom, at his own request, we saw privately with Dr. Merson. He is markedly hypochondriacal but he can talk sensibly and the inexperienced might well be prone to accept his statements as true. He relates in detail gross roughness towards sick and dying patients including very extensive bruising in one case, and states that, during the period he was in the sick ward, 12 deaths were thereby accelerated at the hands of the male nurse in charge, who, after an excellent record, has since then retired on a pension. We find that the actual number of deaths in the period in question was either five or six and that the patient who was said to have been bruised had in fact no signs of injury on his body at death. This patient will probably be one day discharged, perhaps only "as relieved"; and in our opinion he is just one of the type of cases whence emanate unfounded charges against mental hospitals. We find no justification whatever for attributing callousness or neglect to the nursing staff or for believing that cruelty is practised.

Our conclusions are in agreement with those of the Visiting Committee—namely, that the administration on the woman's side has been in some measure at fault. This was pointed out by the Commissioners in their entry of 22nd March, 1912, and subsequent entries show that the matters to which attention was then drawn have been rectified. On the present occasion, we agree that there has been insufficient care in the observance of rules as to privacy in bathing, and that there has been a lack of system in the supply and overhauling of clothing and in the means taken to ensure that clothes of individual patients are not mixed and a consequent liability to promiscuous use. Most of these matters have in the meantime been

rectified; but we also think, and this affects the Steward's department, that the system of stock-taking and the keeping of ward stock-lists is still at fault.

In concluding our report, the unusual length of which is explained by the circumstances, we desire to record the ready and very helpful way in which Dr. Merson—who, as paramount officer, naturally feels his responsibility in the matter—and all the other officers placed all possible sources of information at our disposal, and the candour with which members of the nursing staff answered our numerous questions. We desire, too, to say that while we have made certain adverse criticisms, they refer to matters easily rectified and do not seriously detract from the many admirable features found in this hospital, in the generally good administration of which by Dr. Merson our confidence remains unshaken.

Ipswich Mental Hospital.

October 24th, 1923.

The health of the patients has been very good during the interval that has elapsed since the last visit from a member of the Board. There has been no epidemic or zymotic disease and no one is at present suffering from dysentery or tuberculosis. I saw to-day 12 women and 3 men confined to bed, but no one was acutely ill and they appeared to be in receipt of proper nursing and attention. No inquest has been held, the deaths, 34 in number, were due to natural causes, general paralysis being the cause of death in 7 instances, tuberculosis in 2, heart disease in 8, and in 7 cases senile decay.

There are on the books, and in residence, 340 patients—males 157, females 183, an increase since the previous visit in March, 1922, of 22 patients. The accommodation as estimated in the return furnished to the Board is only for 130 males and 157 females, so that there are 27 male patients and 26 female patients beyond the number for which there is recognised provision. In view of the correspondence between the Board and the Committee last year, in reference to this matter, and the not inconsiderable increase in the numbers which has taken place, I think the Committee should give attention to this with a view to bringing the number in the hospital within the limits of the estimated accommodation.

The installation of electric light throughout the building and of a modern system of fire alarms is in progress; two of the male wards have been tastefully decorated and hung with curtains; the third ward will soon be taken in hand; and I understand that it is proposed in due course to deal in a similar manner with the women's wards.

The mortuary has been redecorated, and very suitable arrangements have been made in reference to the viewing by relatives of the bodies of deceased patients.

I have, I believe, seen all the patients, who had every appearance of being kindly and well treated. I had but one appeal for discharge and, whilst I had some expressions of gratitude for kindnesses received, I had no complaint of any sort in regard to treatment, diet or surroundings. Some of the patients on each side sit up beyond the usual retiring hour who are allowed something in the way of a light supper. The dinner to-day was a good one, and I note that on each day there is a pudding or sweet of some kind for a second course. Porridge on three days and meat on one is given at breakfast, and for tea, jam, cake or buns are provided on three days, and on two days dripping takes the place of margarine. All the inmates to whom I spoke expressed themselves as well content.

The women's dresses have received some attention in regard to variety of colour and cut, and there is a good supply of capes and overcoats.

The Committee have not yet appointed a dentist, but Dr. Ogilvie has permission (as he does) to call one in when he considers it necessary. This is possibly only preliminary to the appointment of a visiting dentist at no distant date. I feel sure were such a course taken, it would not be regretted.

Trial has been allowed in 22 instances and I gather that such a course is taken in all suitable cases, not only with a view to test the patient as to recovery, but to see if discharge to the care of friends is advisable.

I notice that no patients have parole and suggest that this is a matter which Dr. Ogilvie might consider. It is to a considerable extent allowed in other mental hospitals, and is but seldom abused by those selected patients to whom this privilege is granted.

Those discharged as recovered number 24 out of a total of 41 who have been discharged or removed.

The private patients (of whom 14 are classed as "Service" patients) are 42 in number. There are 54 out-county patients, of whom 21 males and 29 females are chargeable to the borough of Bury St. Edmund's, the remaining 4 are chargeable to various unions.

The maintenance charge is: For home patients, 25s. 2d.; for out-county patients, from 25s. 2d. to 32s.; and for private patients from 30s. to 42s.

Of mechanical restraint or seclusion there is no record, and there has been but one serious non-fatal casualty which calls for no comment.

The staff consists of: Charge attendants, 3; charge nurses, ordinary attendants, 16; ordinary nurses, 18, for day; and 4 of each night duty.

Four attendants and a like number of nurses hold the certificate of the Medico-Psychological Association, and 4 attendants and 6 nurses have passed the preliminary examination.

My inspection leads me to think that this institution is administered with every regard for the comfort and contentment of the patients.

Leicester Borough Mental Hospital.

March 21st, 1923.

As the result of the changes which have taken place amongst the patients since my colleague visited just over a year ago, there are now on the books the names of 846 patients, 338 men and 508 women, and all were in residence to-day except one man and two women who were away on trial.

Of this number, 63—34 men and 29 women—are classed as private, 32 of the former being "Service" patients, and 133 are chargeable to out-county unions; 110 being chargeable to London, and 20 to West Ham.

The total accommodation of this hospital provides for 346 men and 501 women by day, and for 364 men and 554 women by night, so that now there is vacant day accommodation for 9 men, but the females are in excess of the day accommodation by 5.

The maintenance charges have been reduced to 19s. 10d. per week for home; to 26s. 10d. for out-county; and to from 31s. 6d. to 42s. for private patients. I understand a further reduction for home patients to 17s. 6d. will be made shortly.

Of the 90 patients who have been discharged, 74 had recovered, and a total of 35 have been allowed out on trial. To none of these had any money allowances been granted. I would again urge the Committee to consider giving this help to convalescent patients.

At my visit to-day I found the institution to be in excellent order throughout, and to be extremely well kept. The patients' rooms were bright and comfortable, and, as a rule, well warmed, but a few of the day rooms, with no artificial heating except open fires, were too cold, especially in the early morning.

The patients were very contented, and, except from one delusional patient, I received no complaints of any kind as to their treatment. Their clothing and bedding were good in quality, and I was glad to hear that the cut of the garments is gradually being improved, especially on the female side.

A large number of male patients and a lesser number of females are allowed full or limited parole, and I was most pleased with the arrangements made in the wards for such patients for their comfort and amusement.

As many as like can also sit up late in the evening, and on the other hand there is no restriction in reason to prevent them going to bed at any time they wish. Their lounges or club rooms are, I understand, always in full use, and are so much enjoyed that many patients prefer to remain in them rather than to attend the dances and other entertainments.

The patients' health has been good, and, except for one fatal case of dysentery, there has been no epidemic disease in the institution throughout the year. There are, however, 9 patients known to be suffering from tuberculosis now in residence. All of these receive excellent care on the verandahs attached to the infirmary wards.

With one exception all the 67 deaths were due to natural causes, the chief of which were heart disease in 23 instances and general paralysis in 13 (11 men and 2 women). Tuberculosis was only responsible for the death of one patient, a man.

The remaining death was that of a male patient who died as the result of a suicidal act whilst absent on trial.

The patients' airing gardens are well kept and are generally excellent for their purpose, but I thought that one on the female side in which the more troublesome patients are exercised was too crowded, and I hope it may be found possible to reduce the numbers in it.

I was glad to see that, as far as possible, clinical rooms are being arranged off each ward, where the medical officers can interview and examine patients apart from others, and I understand that, in future, clinical notes will be written in these rooms.

A dentist has not yet been appointed, but I understand the question will again be considered by the Committee shortly, when I hope they will agree to the necessity of one. If they do, I am sure it will be found that great good will result to the patients' health.

Another matter which I also hope the Committee will consider is the appointment of a third assistant medical officer. At present one medical officer is in charge of no less than 508 patients on the female side, including all the female admissions and recent cases. This number is far too many for one man to look after, and it must be quite impossible for him to give anything like the proper time to the individual study of recoverable cases which is so necessary, if they are to have the best chances of improvement.

The staff now consists of 45 male and 59 female nurses for day, and of 7 of each sex for night duty.

Among the improvements now being carried out is the installation of an X-ray apparatus, which should prove to be of great value to the medical staff in their treatment of patients.

Dr. Dixon still has the assistance of Dr. Lyall as senior assistant, and has now also Dr. Gilfillan, who was recently at Long Grove, as second.

City of London Mental Hospital.

November 30th, 1923.

In the course of my visit, extending through most of yesterday and this morning, I have inspected this institution and have seen, to the best of my belief, all the patients in residence.

Many improvements indicative of a spirit of progress and a determination to keep this hospital abreast of modern requirements are either in progress or in immediate contemplation; and it is highly satisfactory to find how closely the members of the Committee of Visitors are in touch with these matters, how much is the time they also bestow on minor but by no means unimportant matters, and the frequency with which they see the patients—including in their inspections occasional surprise visits.

Among items completed since my colleague's visit in March last year are :—(1) A shelter for the patients in F.2 garden; (2) a gas plate-warmer in the male hospital—a provision which I hope will be gradually extended to all the wards in which the patients dine; (3) a fitted lavatory basin in proximity to the w.c.'s in four wards on each side; (4) a refrigerator plant for the stores; (5) a new engine for the generation of current;

(6) some useful additional facilities at the farm and carpenter's shop; (7) the heating of the chapel; and (8) the remodelling of the heating appliances in the male wards.

Improvements now in progress are:—(1) Further attention to the heating and to the hot and cold water supplies—in which connection I learn that, in lieu of the Metropolitan water supply, a return has been made to the use of the institution's well, its water being now chlorinated before distribution; (2) the erection of a new dining hall for male and female staff; (3) the fitting of lavatory basins at w.c. spurs not yet so provided; (4) a new scullery for the patients' dining hall; and (5) an additional verandah in connection with Ward 2 on each side. As to the last item, I am glad to see that a fair trial is going to be made of leaving the front of the verandah fully open.

Plans are at present before our Board for the provision of:—(1) additional accommodation for staff; (2) extra store rooms and other offices; (3) a small extension, from ward 3 on the female side, for cases mostly of a protracted nature whose symptoms disturb the existing facilities for classification; (4) an operating room; (5) an X-ray installation; and (6) a laboratory. Manifestly these valuable provisions will much increase the hospital's resources for treatment, and the last one will, I hope, be so equipped and staffed that, besides serving as a supplement to present post-mortem observations, it will especially enable routine laboratory investigation in aid of bedside examination to be carried on as part of the daily medical life of the hospital.

Since the 23rd of March last year there have been 125 male and 111 female admissions. There have been 64 patients transferred to other care and 117 have been discharged—68 on recovery and 49 as either relieved or unimproved. The number of patients allowed out on trial has been 80, but this figure includes instances of such short periods as, *e.g.*, four days. The deaths have been 52—26 being private cases and a like number being rate-aided patients. These changes leave on the books the names of 272 male and 338 female patients, of whom, including 19 men of the "Service" class, 131 males and 226 females are private patients; so that the latter are as many as 59 per cent. of the total 610. Among these, including 35 men and 4 women under contract here with the London County Council, 55 are out-county patients. There are 13 patients at present absent on trial, the number in actual residence being 597. In relation to the normal accommodation of the hospital, there are 16 in excess on the male side and 8 vacancies for women.

The institution seemed to me to be in capital order, both within and without. The only exception to this statement is the kitchen, but that is just about to be taken in hand and thoroughly renovated.

The comfort and amenities of the wards are well maintained, and, despite the cold weather, their temperature was satisfactory; but I think the men in the male hospital would appreciate it if they could have a couple or so of open fires, as I saw in the female hospital.

A number of patients made representations to me upon the question of their detention, but none of these cases was in my opinion fit for discharge. Apart from this matter, and one manifestly delusional complaint about her dinner from a female private patient, not a single grumble or remark of discontent was made to me. I feel sure that this general air of contentment is due to the many directions in which their comfort and individual desires are studied, to their good dietary—as to which a great deal of attention is evidently paid, to the latitude given as to wearing their own clothing, and to the large amount of freedom that is accorded them. As many as 40 (14 per cent.) of the men and 14 of the women are allowed parole beyond the grounds, and, though the latter do not readily lend themselves to parole within them, the 15 ladies at Hill House, which is run on the open-door principle, are practically on parole. I was glad to hear that this detached building is partly used as a "half-way home" for convalescing patients.

The cost of maintenance has, for home patients, been reduced from 35s. to 21s. For out-county cases it is 25s., and for private patients it varies from 35s. to 105s. a week.

Seclusion has been employed in the cases of 31 male and 12 female patients, and mechanical restraint, some of which has been merely the use of gloves unremovable by the patient, in the cases of 9 men and 4 women.

The death rate is satisfactorily low. It was, in 1921, 5·4 per cent. (7·0 and 4·1 for the male and female sexes respectively), and in 1922, it was still lower—namely, 5·3 and 3·6, or in all 4·3 per cent.

The deaths include the case of a man admitted with a fractured skull, sustained by the accidental slipping of a ladder.

Apart from this case, which was the subject of an inquest, all the 31 male and 21 female deaths were due to natural causes, verified by post-mortem examination in 51 per cent. of the total 52 deaths—not an unsatisfactory proportion when the circumstances here are borne in mind. Among the male deaths, no less than 35 per cent. were due to general paralysis—a fact which adds to the interest and importance of the efforts being made here to give such cases the benefit of treatment by the modern method of induced pyrexia. I saw several such cases as well as others of dementia praecox being so treated.

The incidence of tuberculosis both among the deaths and as to those (one on each side) under observation and treatment seems very low here. Other infective disorders have been confined to one sporadic case of enteric fever and two of dysentery, one of the latter being still under treatment.

From the annual returns made to our office, it appears that about 35 per cent. of the patients attend Divine services on Sundays; and it is of interest, as a means of preventing patients feeling cut off from the general community, to know that members of the public living in the vicinity of the hospital are freely allowed to attend these services. Adequate arrangements are made for associated entertainments, which are attended by some 40 per cent. of the patients. Wireless receiving apparatus has been fitted to several of the wards and in the dining hall, and is much appreciated. Bearing in mind the high proportion of private patients here, the extent to which they are persuaded to occupy themselves is, in my opinion, something of an object-lesson and deserving of much commendation. No less than 63 per cent. are usefully employed, including about 24 per cent. of the men and a few of the ladies on the farm.

The nursing staff, under the matron (Miss Williams), who is trained in general as well as mental nursing, and under the chief male nurse, and their deputies, remains substantially as when last reported upon.

Dr. Steen has to assist him, Dr. N. Navarra as deputy superintendent, and one other resident medical officer. In addition, there is a visiting surgeon who comes when requested for consultation or to operate, and a dental surgeon who visits fortnightly. Dr. Steen has found the calls on his time so exacting that he has, I regret to learn, found it necessary to relinquish the Chair in Psychological Medicine at King's College Medical School—a post which he has filled with distinction for the past fourteen years.

Middlesbrough Mental Hospital.

February 14th, 1923.

I found the wards and dormitories in very good order. The former are well supplied with books, papers and bound illustrated magazines, as well as some games. They were comfortably warm, and I have no doubt but that the patients are kindly and tactfully treated. I spoke to numbers of the inmates, including amongst them some who were about to be discharged, and from none did I receive anything in the nature of a complaint as to their treatment or their surroundings; on the contrary, I was told that they were well treated and cared for in every way. Some appeals

there were, of course, for discharge, but from no one who, as far as I could judge, was fit for an uncared-for out-door life. Dr. Geddes and his medical officer, Dr. Drake-Brockman, are fully imbued with the desire to make the conditions, as far as possible, akin to those of a general hospital, and I was pleased to note that to 13 men and two women parole beyond the grounds is allowed. I have little doubt that, ere long, the question of open doors in some of the wards and a limited parole will become a feature of the institution. I gather, also, that the important question of making allowances to patients on trial is not lost sight of, and that, though the number returned as having had this privilege is small, this allowance is made where, in the view of the Committee, it is thought to be necessary. A beginning has been made towards the improvement of the women's clothing. The arrangements in regard to the routine when undressing for bed have received attention, and the rendering of the fire hoses more easily available for immediate use in case of fire has been well taken in hand.

I am not satisfied, however, that the stock of clothing on the women's side is quite what it should be. There is evidently a shortness of men's overcoats, and though there is a small supply of toothbrushes, the use of which is encouraged, they are not marked, as they should be, so as to ensure individual use. The dinner to-day I thought a good one, but care should be taken to see that the portions of meat are of the prescribed quantity, as in one of the male wards there was evidently a shortage to-day.

I was glad to learn that a good boiled jam pudding is now provided once a week; on the other day in which pudding forms an item it is of rice. At the same time, I regret to learn that no alteration has as yet been made to vary the tiresome monotony of breakfast or tea. I venture to hope that this matter will receive—and soon—the serious consideration of the Committee, and that this hospital will not be one amongst the few where an improvement in these meals has not been made.

I learn that a proposal is on foot to convert the disused staff laundry and drying room into a surgery room for operations and the surgical treatment of patients, and I hope to hear that the services of a visiting dentist will soon be engaged, especially for the treatment—at any rate, in the first instance—of new admissions.

Since May 6th, 1922, there have been 113 admissions, 41 patients have been discharged or removed, 29 on recovery, and 42 have died. All the deaths, except one, in which an inquest was held, were due to natural causes. In this case the patient committed suicide by hanging himself. An inquest was held in one other instance, when the patient died from heart disease, accelerated by a fracture of the thigh due to an accidental fall. The circumstances of these cases were duly reported to the Board.

The death-rate for the year ended December 31st last was for males 13·2 percent., females 13·6 per cent. Of the deaths, 6 were due to general paralysis, 2 to tuberculosis, 4 to heart disease, and 2 to senile decay. There are 3 male and 2 female cases of active tuberculosis, but there has been no case of influenza, enteric fever or dysentery during the period under review. There are to-day three cases of scabies on the male side, segregated in single rooms. I saw 17 patients in bed to-day on the male and a like number on the female side; the majority were there for mental reasons.

The numbers of those allowed on trial was 32, and on the books there are 215 males and 210 females—a total of 425—of whom 12 are classed as private; and there are 36 "Service" patients, who are in receipt of due attention and care.

There are 74 out-county patients—70 from South Shields, and the remainder from their respective unions. In residence there are 419 patients—males 214, females 205—there being one man and five women absent on trial. One woman was out for the day; the others have, I believe, been seen by me.

There are vacancies for eight women.

The maintenance charge for home patients is 29s. 2d. per week, for out-county patients, 30s 4d. to 31s. 6d.; and for private patients, from 29s. 2d. to 42s.

There is no record of seclusion or mechanical restraint. The two serious but non-fatal casualties call for no remarks.

The staff hours of duty are 66 a week, inclusive of meal-times, with $1\frac{1}{2}$ days a week off and three weeks' annual leave. The staff numbers: Charge attendants, 6; ordinary attendants, 21; charge nurses, 6; ordinary nurses, 22 for day, and four of each for night duty.

Five of the attendants hold the certificate of the Medico-Psychological Association.

Newcastle-upon-Tyne Mental Hospital.

February 12th, 1923.

It is satisfactory to note that attention has been given to some of the recommendations and suggestions which were made by the member of the Board who visited this hospital in May of last year.

The shortage of overcoats on the male side has been dealt with: an improvement has been made in the style, cut and material of the women's clothes (including corsets), and, as the old stock of dresses is used up and the new ones come into more general use, the change will become pleasantly noticeable.

A verandah is in course of construction in connection with male infirmary No. 9 ward, and I hope it may be found possible ere long to take a similar step on the female side.

I was also pleased to see that the monotony of the morning and evening meals has to some extent been relieved. Porridge and milk are now given on two days in the week for breakfast, and on three days buns, cake or jam are provided for tea. This is a good beginning. The dinners appear to be ample in quantity and well served, and the meal which I saw served to-day—meat and potatoe pie, with turnips and bread—was substantial, well served on warm plates, and well cooked—evidently a popular dinner.

The use of toothbrushes is encouraged, and the dental necessities of the patients are treated by Dr. Illingworth, one of the medical officers, who holds the necessary qualifications.

I spoke with Dr. MacPhail in reference to the institution of open-door wards, as well as a club ward, where the more reliable and trusted patients could have the privilege of sitting up beyond the usual retiring hour. He is evidently most anxious to make the conditions as nearly akin as possible to those of an ordinary hospital, and I feel sure these points will receive his and the Committee's consideration.

The hospital I found in all respects well ordered; the wards and dormitories were properly kept and comfortably warm; the former had good supplies of books and bound illustrated magazines, and the beds were all one could desire.

Some requests there were for discharge, but in no instance, so far as I could judge, from patients suited for an unsupervised life.

I had, however, no complaints of any kind in regard to surroundings or diet, except from one man (M.) in Ward 7. His allegation was that he had, without provocation, been ill-treated by the charge attendant (H.), who had, he alleged, struck him, had called to his assistance two patients, who had joined in, and that, between them, they had cruelly ill-used him and injured him. The date of the alleged occurrence was December 20th, 1922. Dr. MacPhail had duly inquired into the matter at the time, and had arrived without doubt at the conclusion that the patient had been the aggressor, and that the attendant had been obliged to call to his assistance one of the patients, and there had been a struggle. I made a full inquiry; I examined the patient, the attendant, the one patient who had gone to the attendant's assistance (R.), and two other patients (C.) and (McG.). The last-named was especially reliable. I arrived without any hesitation at the conclusion that the patient, a deluded and aggressive, quarrelsome man, had been the aggressor, had dangerously attacked the attendant

(who has 23 years' service and 16 years as charge attendant), and who, had it not been for the aid of the patient (R.) might have been seriously handled.

Since May 12th, 1922, there have been 157 admissions; 64 patients have been discharged or removed, 47 on recovery, and 44 have died.

All the deaths were from natural causes; but in one case an inquest was held, the circumstances of which have already been reported, and call for no comment.

There have been six deaths (males 5, females 1) from general paralysis, a like number from tuberculosis, 12 from heart disease, and none from dysentery. Of this last-mentioned disease there have been five cases (female) during the period under review, but there is at present no one under treatment for it. The number of those suffering from tuberculosis in active form is seven (males four, females three). The death-rate for the year to December 31 last was 9·84 per cent. (males 8·26 per cent., females 11·89).

I saw in bed to-day 96 patients (males 55, females 41), none of whom call for special mention, except to say that, on the male side, the tubercular cases are still nursed in the infirmary ward, the condition of which will be improved in this regard when the verandah is completed.

Those who have been allowed on trial number 44, to none of whom a money allowance has been granted. I hope the committee keep in view their powers in reference to making such allowances—are important and, in many instances, a most useful and, in the end, economical one if duly exercised.

There are 62 private patients, of whom 50 are classified as "Service" patients, and who, as all the other patients, appeared to me to be kindly and considerately treated. This I gathered both from personal observation and the many talks I had with individuals during my visit.

The out-county patients are nine in number. One man is on trial, leaving in residence and, I believe, seen by me, 851—males 484, females 367.

Parole is allowed within the grounds to 39 male patients.

There are vacancies for 90 men (including two villas capable of accommodating 40 each, and the farm building 42, now vacant) and 103 women.

The maintenance charge for home patients is 23s. 11d.; for out-county, including those received under contract, from 23s. 11d. to 29s.; and for private patients, 29s. 2d.

There is no record of mechanical restraint or seclusion, and there have been no instances of serious but non-fatal casualties.

The staff for day duty consists of: Charge attendants, 11; ordinary attendants, 48; charge nurses, 8; ordinary nurses, 40; and for night duty there are 10 of each.

The nursing certificate of the Medico-Psychological Association is held by 25 of the attendants and six of the nurses.

The hours of duty consist of a 66-hours week, including meal-time, with two days a week off and three weeks annual leave.

I was pleased with my visit, and Dr. MacPhail, with the assistance of his medical officers and his nursing staff, continues to keep the comfort and well-being of the patients a prominent feature in his administration.

Newport Borough Mental Hospital, Caerleon, Mon.

April 17th, 1923.

I have to-day paid the annual visit of inspection to this institution on behalf of my Board, and can report that it continues to be well maintained and carried on for the welfare and treatment of those resident therein. In the absence of Dr. Nelis I have been accompanied during my visit by Dr. M. R. Mackay, from whom I have received all the information I have asked.

During the 10 months that have elapsed since my colleague's visit the following changes have taken place among the patient population :—

	M.	F.	T.
Admitted - - - - -	23	33	56
Discharged or removed - - - - -	10	22	32
Of whom recovered - - - - -	4	13	17
Allowed out on trial - - - - -	2	—	2
Died - - - - -	12	9	21

There are to-day on the books the names of 306 patients, in the proportion of 137 men to 169 women. The average number resident during the year ended December 31 last was 136 men and 168 women.

The total accommodation in the asylum is for 186 patients on each side. On this calculation, therefore, there are vacancies for 49 males and 17 females. Male wards 5 and 6 are closed and Ward 6 on the female side.

There are eight male and 10 female patients of the private class, the eight men being "Service" patients. These latter are distributed among the four male wards according to their mental state and conduct. They are receiving the privileges due to their class, and appear to be well cared for. Twenty women are received under contract from the borough of West Ham, and one other woman is chargeable to a Metropolitan union.

The weekly maintenance rate has been reduced for the home and out-county patients from 35s. to 31s. 6d. That for private patients is from 31s. 6d. to 52s. 6d.

All the patients whose names are on the books are in residence, and, to the best of my belief, have been seen by me during the course of my visit. I found those of both sexes very quiet and orderly in their behaviour, there being an entire absence of any noise or excitement in any ward. Apart from a few appeals for discharge from persons who were obviously not fit for it, I received no complaints of any kind, and I am satisfied that the patients are treated with kindness and consideration by the nursing staff. There has been no employment of mechanical restraint or seclusion during the period under review.

The general health of the asylum is, and has been, very good during the winter. There has been no recurrence of enteric fever or of any other zymotic disease. Of the 17 males and 18 females, who were in bed to-day, but one—a woman—was acutely ill. There is but one case of active tuberculosis—a woman. The mortality rate per cent. for the year ended December 31st last was 8·09 for males and 5·36 for women, or 6·58 for both sexes together.

Of the deaths since my colleague's visit all were from natural causes, verified by post-mortem examination in seven instances. General paralysis accounted for 24 per cent. of the deaths, all male. Heart disease in 43 per cent. was the other chief cause. No inquests were held, and there have been no serious casualties since the last visit.

The day-rooms and dormitories are well kept; the former were generally well supplied with plants and flowers, but I thought that one or two wards on the male side might have their stock of plants increased.

The beds and bedding were clean and in good condition.

I suggest that each ward should be provided with a glazed letter-box for the patients to post their letters, which should only be cleared by an officer.

I have made some suggestions to Dr. Mackay and the Matron as to securing additional privacy in the bathing arrangements for the women, and as to means to improve the conditions under which friends may view the bodies of deceased patients in the mortuary.

The personal appearance as regards dress and tidiness of both sexes was quite satisfactory. The women's dress is well varied in style and cut, and there is a good supply of outdoor garments for both sexes.

I learnt that there were no nightshirts for the men, and I hope, when possible, these may be provided.

I saw dinner served in the hall to 69 men and 108 women. It consisted of meat and vegetable stew, followed by bread-and-butter pudding. It seemed to be appreciated by those partaking of it, and I had no complaints as to the dietary.

Parole is given to five men to walk beyond the estate, and to three within. I hope it may be possible to extend this privilege. I am glad to hear that patients who desire to are allowed to sit up late in the evenings.

From the miscellaneous returns for last year furnished to my Board I find that the attendances at the religious services were satisfactory. Since the last visit an organ has been erected in the chapel, the cost being provided from the proceeds of a legacy.

A good percentage of patients were usually present at the weekly entertainments. The number of males usefully employed was up to the average of asylums generally, but that of the women was below. To-day there were but 22 women in the laundry and seven women in the kitchen. I hope these numbers may be increased.

The present nursing staff consists of :—

	M.	F.	T.
Charge - - - - -	6	5	11
Ordinary - - - - -	14	23	37
Night - - - - -	4	4	8

Thirty-three per cent. of the men and 16 per cent. of the nurses possess the Medico-Psychological certificate for nursing, whilst four of the men and five of the nurses have passed the preliminary examination. Their hours of duty are 66 weekly, with two whole days off each week and 21 days' annual leave.

Dr. Nelis has the assistance of one medical colleague, Dr. Mackay.

Norwich City Mental Hospital.

17th April, 1923.

There are some inmates of this institution who not unnaturally think they should be discharged, and are quite fit for an ordinary normal life, but none of those who to-day appealed to me on these lines, appeared to me to be other than suitable cases for care and supervision. Apart from this matter, I received no complaints of any kind from any of the patients and, I was indeed struck with the contentment and general air of well being, which prevailed throughout the various Wards. The rooms are bright and comfortably warm, they are well supplied with plants and flowers, as well as books and daily papers; some of them being tastefully decorated, parts of the building are in process of renovation, screens for affording privacy have been fitted in the female general bathroom, a shelter has been attached to male ward 2 and an experiment is being made for the better lighting and ventilation of the single rooms, which I think might with advantage be extended.

There was an entire absence of unrest amongst the patients, who were well and suitably clothed, and I was pleased to hear that the system of parole is approved and adopted, that trial is largely used, with, in all suitable cases, money allowances, and that to trusted patients on both sides the privilege of sitting up beyond the usual retiring hour is granted.

The beds and bedding were in excellent order. So far as the conditions permit, the patients are properly classified, and the recommendation of the Board in reference to the treatment of foul and soiled linen have been adopted, to the extent which the laundry permits.

Extensive improvements have been in contemplation for some time, for some of which authority has been obtained, and the superintendent's house which had of necessity first of all to be taken in hand, has made good progress towards completion.

Since March 16th, 1922, there have been 131 admissions, the discharges and removals number 81, 24 of whom had recovered, and 41 patients have died from natural causes. The mortality rate for last year was 10·5 per cent. (male 12·6, female 9·2) and of the 41 deaths, general paralysis was the cause in 11 instances, tuberculosis in 3, a like number was due to

pneumonia, senile decay was the cause in 6 cases, and there was one death from dysentery, from which disease no one is at present suffering, but there have been 9 cases during the period under review. On the male side there are no active cases of tuberculosis and on the female side there are but three.

I saw 34 patients confined to bed (male 12, female 22), but they were for the most part cases of feebleness or where the mental condition called for such treatment.

As many as 57 patients have been allowed out "on trial," to 22 of whom money allowances were granted. On the books are the names of 473 patients (male 175, female 298) 31 of whom are classed as private—30 being "Service" patients who, as the others, appeared to be in receipt of due care and supervision.

The out-county patients are 46 in number, 7 patients are "on trial," 4 are boarded-out, and there are to-day resident 462 patients (males 172, females 290), all of whom, I believe, I have seen.

There appear to be vacancies for 43 men, but amongst the women there is overcrowding to the extent of 54, a condition which will be largely relieved when the authorized alterations and buildings are carried out.

The maintenance rate is for home patients 29s. 2d. (a considerable reduction since the last visit), for out-county, including contract cases from 33s. 0½d. to 33s. 7½d., and for private patients from 32s. 11d. to 36s. 2d. It is satisfactory to know that the monotony of breakfast and tea has been somewhat relieved. For breakfast porridge is given every day, cold bacon twice a week, and for tea, jam once a week and cake once a week, with lettuce, etc., from the garden when available. There is no record of mechanical restraint, but 54 patients have been secluded for a considerable number of hours, the greater part of which have been in reference to two or three patients. There have been no serious but non-fatal casualties. Above the average number of patients are usefully employed, 42 being engaged on the farms and gardens, 43 in sewing, and 28 in the laundry. The staff consists of:—

Charge male nurses	-	-	3	Charge female nurses	-	-	4
Ordinary male nurses	-	-	28	Ordinary female nurses	-	-	38

for day duty, and three of the former and four of the latter for night duty.

Nine of the nursing staff hold the certificate of the Medico-Psychological Association.

A dentist now visits the institution every week.

I should say that I was very well pleased with my visit.

Nottingham City Mental Hospital.

April 23rd, 1923.

I visited this institution to-day, and in the absence of Dr. Brunton, the medical superintendent, I was much assisted by Dr. Smith and his colleague, Dr. Mooney, who are well informed as to the cases, not only in the infirmaries, but throughout the institution. I found everything in capital order, and the patients, who, on all matters except discharge, were without any complaint, appeared to be in receipt of all due care and supervision.

The points to which reference were made on the occasion of the last visit, from a member of the Board, have duly received attention, and in the following manner:—The heating of the single rooms in the female admission ward, will be dealt with in a larger scheme for the improvement of the heating generally, which, as well as the provision of a disinfecting chamber, is under discussion. The style, colour and material of the women's dresses have been much improved, and though it is not so evident to-day, as it will be in the course of some months, a step and a considerable one, has been taken in the right direction. The patients, too, have now individual dresses assigned to them.

The arrangements in regard to admission on the male side have been altered. The infirmary ward is now a separate entity, and the new and

acute cases are warded together in M. 1 ward. The heating of this male infirmary has been improved. The question of giving trial to patients, too, has not been neglected, as many as 141 patients have been sent out on these lines, and to 51 of them money allowances have been granted.

It must be remembered, that the practice prevails here of allowing a considerable number of patients to go out on short leave to their friends, and that, as well as the Villa, there are four wards with open doors and two wards where patients are permitted to sit up beyond the usual retiring hour.

The dinner to-day was a good one, and this meal seems to be throughout the week varied, and not at all ungenerous; a second course being provided on two days.

Porridge is given on six days in the week, in addition to the usual bread and margarine, and on Sunday, bacon, sausages or brawn are provided. This meal might be still further relieved of its somewhat monotonous diet.

For tea, dripping is given on two days in place of margarine, on one day celery, when available, and on another cheese, whilst cake in addition to bread, forms part of the meal on two days, and on one day there is jam or marmalade.

I should mention that "broadcasting" is shortly to be introduced on both sides in one of the wards, and that a dentist, who visits weekly, has been appointed.

I should like to see something done to improve the conditions under which friends view the bodies of deceased patients. After my visit, I can without hesitation say that the patients appeared to be contented, and that the institution is being administered with due regard to their comfort and well being.

Consequent upon the changes that have occurred since the last visit there are on the statutory books 865 patients—males 415, females 450, of whom 31 are classed as private and there are 42 "Service" patients who are properly cared for. There are 40 patients boarded out at Notts County Asylum, and 47 at Macclesfield.

Those on trial number 11, and on short leave 5, leaving in residence and, I believe, seen by me 849—males 403, females 446.

There is an excess on the male side of 4 and on the women's side of 46.

There are some boys and girls here who would be better placed, were it possible, in an institution for mental defectives.

The maintenance rate is for home patients 22s. 9d., a reduction, for out-county patients 26s. 10d., and for private patients, 28s.

There is no record of mechanical restraint, but 40 patients have been secluded on 264 occasions, for 1,545 $\frac{3}{4}$ hours in all. I might mention that the single rooms have slits in the doors which admit light.

The 84 deaths which have occurred were in 15 instances due to general paralysis, in 11 to epilepsy, in 7 to tuberculosis and in 10 to senile decay. There were none due to dysentery nor are there any cases of this disease in the asylum, though four occurred in April and one each in July and September. There are, on the male side, six, and on the female, two active cases of tuberculosis, all being treated in the verandahs.

Post-mortem examinations were held in 50 out of the 84 deaths, and there were 3 inquests, particulars of which have already been sent the Board, and which call for no further comment.

I saw 45 males and 62 females in bed, but they were so confined for mental reasons or the feebleness of old age; not a few were epileptics and general paralytics, but on neither side was anyone acutely ill.

The serious non-fatal casualties were 6 in number.

One was the rupture of the left eye, caused by a falling plate, accidentally displaced by a patient whilst reaching up to the top of a cupboard. Three, resulting in fractures, were due to accidental falls, one causing a fracture, was due to a fall in a fit, and the other, a dislocation, was due to a patient being pushed down by a fellow patient.

The staff consists of :—

Charge male nurses	- 9	Charge female nurses	- 11
Ordinary male nurses	- 48	Ordinary female nurses	- 52

for day, and 7 of the former and 9 of the latter for night duty.

The Medico-Psychological certificate is held by 22 of the male and 7 of female staff.

The death rate for last year to December 31st was 9·0 per cent.—males 11·6 per cent., females 6·7 per cent.

Fifty per cent. of the patients are usually employed. Forty men work on the land, 48 women in sewing, and about 30 in the laundry.

Plymouth Mental Hospital.

June 18th, 1923.

Since my colleague visited in December last, 60 patients have been admitted, 30 have been discharged, and 28 have died. These changes leave on the books the names of 508 patients, 220 men and 288 women, and of this number 42 men and 29 women are private patients, 27 of the former being "service" patients; and 7 are chargeable to out-county unions. To-day eight females were absent on trial, so that the total number actually in residence was 500. The maintenance charges are 21s. 6d. for home and out-county patients, and from 30s to 40s. for private patients.

The hospital gives accommodation, having due regard to the day and night space per patient, for 205 men and 288 women, so that the male wards are overcrowded by 15, and there are no vacancies on the female side. I hope that, whenever possible, patients of the quiet chronic and harmless class may be transferred under Section 25 of the Lunacy Acts to the Poor Law Institution, so that the vacancies thus obtained may be used for recent and recoverable patients, who might otherwise be kept in the Poor Law Institution, and miss, at the beginning of their illness, the skilled treatment of which they are so urgently in need.

The following improvements which were mentioned by my colleague have already been carried out, or are now being done :—Hand basins are being fixed in kitchen and laundry; live steam has been attached to the steeping tank; openings are being made in single room shutters for ventilation purposes—and a small temporary shelter for open air treatment is being added to the dormitory of the infirmary ward. With regard to this last matter, it appears to me to be a great pity that a modern verandah of permanent character could not have been provided, in which patients could have been nursed in the open by both day and night.

At my visit to-day I found the patients to be generally contented, and no one made complaint as to their treatment. They were well and tidily dressed, and I was glad to see that many were wearing their own clothes.

Their wards, including the annexes, were well kept and the day rooms were comfortable and well provided with amusements. Some 20 male and 1 female patients are allowed parole outside the grounds, and a few other men have freedom within the grounds.

The health of the institution has been excellent, and, except for one case of dysentery on the female side, there has been no epidemic disease amongst the patients, and at the present time there is no known case of tuberculosis on either side.

General Paralysis accounted for more than a third of the male deaths (5 out of 14) and the other chief cause has been kidney disease (6 out of 28). One inquest has been held concerning the death of a patient which took place very shortly after admission, and the verdict showed that the cause was in no way unnatural.

No patient has been restrained by mechanical means. The nursing of those confined to bed, 49 females and 32 males, appeared to be in all ways satisfactory, though I was surprised to find that only one ward on each side had no one in bed.

On visiting the laundry I noticed that the box mangle required a guard to prevent risk of accident under the rollers.

The foul linen which is in any way thought to be a possible source of infection is now boiled in a tank immediately on its reception in the laundry, and before being handled by the laundry staff. This is in every way most satisfactory and I expressed the hope that it may be found possible to treat all the daily foul wash in the same way.

The staff now consists of 27 male and 33 female nurses by day, and of six of each sex for night duty. Of the men, ten, and of the women, four, have passed the final examination for the Medico-Psychological Certificate.

Dr. Starkey has the assistance of Dr. Wilkinson as medical officer, and I should like to congratulate him on the condition in which I found the institution to-day.

Portsmouth Mental Hospital.

September 6th, 1923.

As a result of my visit to this institution to-day, and an inspection of all departments, I can report that it continues to be very well maintained and excellently administered by Dr. Devine. Very good accommodation is provided both for those who can afford to pay for it, and for those who are supported wholly or in part by the rates. Since my colleague's visit 18 months ago a good deal of redecoration has been carried out, the plastering of the dormitories and adjoining rooms of wards 6 and 8 on the female side has been completed, and two additional steam ovens have been fitted in the kitchen. The dental surgery has been equipped with the most up-to-date appliances and a dental surgeon attends weekly.

The wards, both as to the day-rooms, galleries, and dormitories, are well kept, and bright and comfortable. The beds and bedding were tidy and clean.

Since the last visit on March 21st, 1922, the following changes have taken place amongst the patients :—

	M.	F.	T.
Admitted - - - - -	89	129	218
Discharged or removed - - - - -	34	65	99
Of whom had recovered - - - - -	21	44	65
Allowed out on trial - - - - -	17	30	47
Died - - - - -	30	49	79

I notice that to only two men and one woman were granted money allowances whilst out on trial, but I am assured by Dr. Devine that the circumstances of each case are thoroughly investigated, and, if help is needed, it is always given.

There are now on the books of the Asylum the names of 772 patients in the proportion of 311 men to 461 women, of these 89 and 87 respectively are private patients, 38 of the men being of the "Service" class. These latter are receiving the privileges due to them, and the majority of them are warded together in one ward.

There are no out-county patients, and 596 patients are chargeable to the Parish of Portsmouth, the maintenance rate for them has been reduced from 26s. 10d. to 25s. 8d. a week. The charge for the private cases is from 31s. 6d. to 7 guineas a week.

One of each sex is at present away on trial, and the remainder of the patients, 770 in number, have, to the best of my belief, been seen by me, and given an opportunity of stating any grievances. Apart from appeals for discharge, of which there were no great number, I received no complaints as to their treatment, or of unkindness on the part of the staff. The patients of both sexes throughout were very well behaved, and appeared to be contented and comfortable. Of the 30 men and 69 women whom I saw in bed, no one was seriously ill, and the majority were there either on account of the feebleness of old age, or for rest for mental reasons. They appeared to be receiving proper care and attention from the nursing staff.

The accommodation is returned as being sufficient for 374 males and 446 females—a total of 820, for day, and for 360 males and 527 females—a total of 887 for night. The discrepancy between the two sets of accommodation, especially on the female side, wants adjusting, and it may be that some of the day accommodation in the galleries has not been reckoned in the return. On the above figures there are 50 male vacancies, but an excess of 14 female patients. The average number of patients resident during 1922 was 285 men and 442 women.

The mortality rate for 1922, calculated on the daily average number of patients resident during the year, was 8·07 for males, and 8·37 for females, or 8·25 per cent. for both sexes together. Of the 79 deaths which occurred during the period under review, the chief causes were senile decay in 21·52 per cent., heart disease in 18·98 per cent., tuberculosis in 16·45 per cent., and general paralysis in 13·92 per cent. The causes of death were verified in 56·96 per cent. by post-mortem examinations.

All the deaths were from natural causes; in two cases the coroner held an inquest. Neither calls for comment.

The institution has been exceptionally free from epidemic or zymotic disease, only four cases of dysentery having occurred during the past 18 months. These were on the female side.

There are at present four men and three women suffering from tuberculosis in an active form. From the weekly returns of incidence and mortality due to tuberculosis made to our office, I find that for 1922 this hospital had 33·0 new cases notified per 1,000 population, and 22 deaths per 1,000 population, whereas the mean rates for all mental hospitals were 17·1 and 11·8 respectively.

Only four serious casualties have occurred since the last visit; all were on the female side, and due to accidental falls. These figures speak well for the kind and tactful way the staff deal with the patients.

The annual miscellaneous returns for last year do not call for comment. I found to-day, during the course of my visit, a good number of patients, especially on the female side, usefully employed. There are two work-rooms where the women carry on needlework.

During the afternoon a cricket match between two teams of patients was being played. This has taken place every week during the summer, and is very popular with those engaged in the game.

The nursing staff consists of :—

	M.	F.	T.
Charge - - - - -	8	10	18
Ordinary - - - - -	50	69	119
Night - - - - -	7	13	20

No female nurses are employed on the male side.

Their weekly hours of duty are 66, inclusive of meal times. They have one day off a week, and 21 days' annual leave.

Of the male attendants, 32·8 per cent. have passed the preliminary examination of the Medico-Psychological Association, and 18·7 per cent. hold the certificates, whilst of the nurses the percentages are 30·2 and 20·9 respectively.

Dr. Devine has the assistance of two medical colleagues, Dr. Stokes and Dr. Waterfield. In the absence of the former on holiday Dr. S. G. Seymour is acting as *locum tenens*.

Sunderland Mental Hospital.

February 17th, 1923.

Dr. Archdale has only been in charge of this hospital as Medical Superintendent for a comparatively short period, but it is evident, from the condition in which I found the institution to-day and the attention which has already been given to the suggestions made on the occasion of the last visit by a member of the Board, that he is taking a lively interest in the well-being of the patients and the general administration of the hospital. He is assisted in his work by Dr. Fleming, who is devoting some of his

time to work in the laboratory and who, I am glad to hear, hopes soon to obtain his D.P.M. qualification. I should mention that there is now a small clinical room in connection with the admission wards upon each side.

For the entertainment of the inmates a cinema is shortly to be installed and two pianos, one on each side, have been provided.

As an indication of the manner in which consideration has been given to the suggestions to which I have referred, I note that the classification has been improved. A ward on each side has been set aside for the accommodation, so far as possible, of all new admissions who, on improvement in mental state, are moved to a convalescent ward, and in the event of quick recovery are discharged without any unnecessary association with other patients. Attached to the admission wards are verandahs, where I to-day saw patients in bed. In these verandahs were also some tubercular patients, of whom there are but three of each sex suffering in active form from this disease.

Trial has become of more extended use, and I am pleased to learn that money allowances are now made in cases where such grants are deemed helpful and requisite.

The stock of overcoats appears now to be sufficient, and a commencement has been made towards the improvement of the style and cut of the women's dresses. I hope that, as the old stock becomes used, a better-fitting and more comfortable type of boot or shoe will be introduced.

In the women's bathroom curtains are in process of being hung, so as to afford a measure of privacy. The question of stock bottles formerly in use has received attention, and arrangements have been made at the mortuary so as to enable the friends of deceased patients to view the bodies under favourable conditions.

Bins for foul linen have been provided, and the recommendations of the Board in regard to the treatment of these articles are being carried out.

The dinner to-day was a good one—excellent vegetable and meat soup, with bread, followed by a steamed fig pudding, with treacle sauce. I understand the improvement of the breakfasts is under consideration, and I hope ere long this will be an accomplished fact, and that the evening meal will also be varied on more than two, or sometimes three, days a week, as at present.

The wards, beds and bedding were in capital order, though I thought the wards were not as warm as they might have been.

I drew attention to the guard of one of the machines in the laundry which was not acting as it should.

Since September 20th, 1922, there have been 44 admissions, 13 patients have been discharged or removed, 6 on recovery, and 14 have died, all from natural causes; but in one instance an inquest was held, the circumstances of which were duly reported at the time of the death; two were due to general paralysis, four to tuberculosis, and one to heart disease. There have, during the period under review, been no cases of epidemic or zymotic disease.

The death-rate for the year ending December 31st last was 9·9 per cent. (males 9·7, females 10 per cent.).

There were to-day 16 males and 33 females confined to bed, but there were none calling for special attention. The nursing appeared to be good. Those allowed on trial numbered 19, to five of whom money allowances were made.

On the statutory books there are 230 males and 201 women—in all 431—of whom 12 are private and 30 are classed as "Service" patients, the majority of whom are in one ward. They appeared, as all the others, to be well looked after, and I had no complaints from any of them nor from any of the other patients other than such as were clearly due to an epileptic or delusional condition, or were in nature of appeals for discharge.

There is but one out-county patient. Nine patients—males two, females seven—are on trial, leaving in residence 422—males 228, females 194—all of whom, I believe, have been seen by me.

Parole within the estate is allowed to 33 male patients, and to three parole is permitted beyond the boundaries. The villa, where there are 36 male patients, is an open-door residence.

There is overcrowding to the extent of one on the male side, and the women's side is full.

The maintenance rate is for home patients 24s. 6d., and for private patients from 35s. to 42s.

There is no record of mechanical restraint or seclusion, nor of any serious but non-fatal casualty.

The day staff consists of: Charge attendants, 9; ordinary attendants, 29; charge nurses, 10; ordinary nurses, 20; and for night duty there are six attendants and seven nurses.

The nursing certificate of the Medico-Psychological Association is held by 16 attendants and 12 nurses, and nine of each have passed their preliminary examination.

West Ham Mental Hospital.

February 8th, 1923.

From our personal observation and our conversation with patients of all classes, we are satisfied that the inmates of this hospital are treated with tact and kindness. A considerable improvement has been introduced within recent times into the diet, especially of the morning and evening meals, which have now been relieved of their former monotony, and we can speak of the dinner which we saw served in the wards as being ample in quantity and good in quality. No complaints of any kind were made to us, except that, as is usual, we had some applications for discharge, but in no instance did we consider the patient suitable for release from supervision. In this connection we may say that in this hospital every consideration is given to the granting of trial and of allowing patients to be handed over to care of friends when their conditions is such as to safely permit of such a course being taken.

Except that, on the male side, there was an absence of ornament in the wards and that there was not a large supply throughout of books and cheaply-bound illustrated magazines, we have nothing to say but what is distinctly favourable of the condition in which we found the rooms. They were more warm and comfortable; the beds and bedding were all that we could wish, and we believe that, so far as their circumstances allow, the patients who are in a condition to appreciate their surroundings are contented. The "Service" patients—about 50 per cent. of whom are resident in one ward—appeared to be well content with their quarters, and to be satisfied with all that was being done for them.

Favourable as are the general conditions which we found prevailing, there are some matters to which we desire to draw attention.

There appears to be a shortage of overcoats on the male side, and we should like to see a real attempt made to get rid of the old stock asylum form of dress and clothing and an introduction of a better fitting style in these articles.

We must also again draw attention to the question of the personal cleanliness of the patients, and to the methods of dealing with the foul clothing. In neither of these is sufficient care being taken by the staff, and we suggest that stringent rules be devised for their guidance in the future.

We noticed that in medicine cupboards in the wards there are stock bottles of aperient and cough mixtures. Stock bottles of medicine are, we think, inadvisable under all circumstances, but when, as here, not only are there such bottles, but it is left to the discretion of the charge nurse or attendant to administer the medicines to whom and when and in what quantity is thought fit, without any instructions from a medical

officer, we consider the practice to be wholly wrong, and desire to express a strong opinion that this course should be at once stopped.

We should like to see a more extended use of toothbrushes.

Since March 10th, 1922, there have been 200 admissions; 148 patients have been discharged or removed, of whom 84 had recovered, and 55 have died. Those allowed out on trial number 83, to six of whom only have money allowances been made. We are glad to hear that there is now a tendency to make greater use of the Committee's powers in this matter.

There are on the statutory books 909 patients—males 425, females 484—of whom two are classed as private, and 47 are "Service" patients. The out-county patients number eight, chargeable to their respective unions. There are to-day nine patients on trial—males two, females seven—leaving in residence 423 males and 477 females—a total of 900—all of whom, we believe, we have seen.

As many as 290 patients are allowed parole within the estate, and four men have parole beyond the grounds. There is overcrowding to the extent of 45 men and 22 women.

The maintenance charge for home patients is 30s. 11d. per week, for out-county, 35s.; and for private patients, from 31s. to 35s. That for "Service" patients is 34s. 8d.

There is no record of seclusion or mechanical restraint.

The general health of the patients has, on the whole, been very good, and there has been no case of epidemic disease in the institution during the period under review. There are, however, 11 males and five females now in the building who are known to be suffering from tuberculosis, and this disease accounted for 12 of the 55 deaths. All these cases are treated in the infirmary wards on either side, and are kept as much as possible in the open air on verandahs, and we hope that in future separate drinking and other vessels will be kept for their sole use.

We are glad to note that there has been no record of any kind of diarrhoea since February last, and we hope that, should cases occur in future, the record will distinguish between dysenteric cases and those of severe and mild character. We also hope that the diagnosis will be confirmed by bacteriological examinations.

All the deaths were due to natural causes, and in no case was it necessary to hold an inquest. A few of the men are engaged in the shops, 45 work on the farm and gardens, and there are 30 women employed in the laundry and a like number in the sewing-room.

The staff consists of: Charge attendants, 15; ordinary attendants, 52; charge nurses, 8; ordinary nurses, 77, for day; and there are seven attendants and eight nurses for night duty.

The nursing staff works in what is known as the 96 hours per fortnight scheme.

The Medico-Psychological certificate is held by 45 per cent. of the attendants and 13 per cent. of the nurses.

York City Mental Hospital, Fulford.

December 21st, 1923.

My visit here yesterday afternoon was a somewhat less leisurely one than I could have wished, but I saw most parts of the institution and, to the best of my belief, all the male and female patients in residence.

Later on I returned and, between 10 p.m. and midnight, paid a second visit to all the wards, which enabled me to see the methods and standard of night nursing in practice at this hospital. As to this, I was extremely pleased. With the exception one woman in the padded room of A. 1 there was an entire absence of noise; and, with the exception of another who was quietly singing to herself in a single room of B. 2, all the patients were either asleep or quite quiet. Though I believe that rather more sedatives are used here than formerly, their amount is quite moderate

and, during my afternoon visit, I noticed no patient manifestly under such influence; nor have I any reason to doubt that the case of each patient so treated is carefully and continuously considered. Only one padded room was in use; only four single rooms were without bedsteads; and it was also particularly satisfactory to see, as respects occupants of these rooms, how readily each one not wishing to be in the dark is allowed to have the light burning, and the many to whom the privilege of having the shutter left open is accorded—in a few cases it was shut by the patient's own wish. No patient in these rooms was dirty, nor was there any stuffiness or evidence of deficient ventilation. The night was frosty and cold but, though I was unable in some dormitories, to take the temperature owing to the temporary absence of thermometers, all these rooms, and the single rooms, felt comfortably warm. The steam heating-pipes are turned on at 5.30 a.m. and off at 8.30 p.m., but I was told that during exceptionally cold weather they are kept on all night. Nearly all patients are allowed to undress at the bedside, their clothing being then removed to lockers of which there is one for every patient. I observed that the only hand-lamps available are those carried by the patrolling nurse on each side; a few more should be available and kept trimmed in case of emergency. Also it would add to the comfort of many of the patients were dimming switches introduced in the dormitories, and blinds fitted to the windows of those dormitories at present without them—the latter to prevent wakefulness during the early hours of summer mornings. Full use is made of the verandah on each side by night as well as by day; to ensure comfort I thought the supply of hot-water bottles scarcely sufficient—at least one, preferably two, should be available for each bed. In this connection I was glad to notice that the open-air function of these verandahs is fully maintained, and that no shutters or other enclosure in front is felt necessary: in order to secure the maximum amount of winter sunshine, it would be well if the green distemper were washed off somewhat earlier in the year.

In the interval of nineteen months since one of my colleagues was here, the changes that have occurred among the patients have resulted in there being at present the names of 165 male and 194 female patients upon the books; of these 21 (including 17 Service patients and 9 respectively, are of the private class; and one man and four women are out-county cases awaiting adjudication. Wisely the system of allowance out on trial is freely used here, but in only 20 per cent. of these cases was any money allowance made. Having regard to the estimated accommodation, while there are 14 vacancies for women, the male side is exactly full. The weekly maintenance cost is 24s. 6d. a head for home cases, 25s. 8d. to 26s. 6d. for out-county cases and from 27s. 6d. to 42s. for private patients. With the exception of the death of a male patient who was accidentally drowned—in whose case as well as one other case, an inquest was held—all the 28 deaths (14 of each sex) were from natural causes, none of which call for special mention. Only 25 per cent. were, however, verified by post-mortem examination; for their protective as well as scientific importance, I would urge that a strong endeavour should be made to increase this proportion.

The death-rate in 1922 was 6.2 per cent. (for males 4.2, for females 8.0), the corresponding percentages for the previous year being 6.9 (9.3 and 4.9). These figures closely approximate to the average for the years during which the hospital has been open and are quite satisfactory; as is also the fact that, among patients and staff, there has been almost an entire absence of infective disorders—the only cases being three female patients attacked by influenza (one of whom died) and the incidence of tuberculosis. The latter appears to be comparatively small here—two cases of each sex being now under observation and there were two instances among the male deaths; but the diagnosis of tuberculosis in the insane is notoriously difficult and, in gauging its incidence, the frequency or otherwise with which post-mortem examinations are made has to be borne in mind.

Casualties of at all a serious nature have been few—three cases of fracture, each accidentally sustained, and one of injury to the neck, the result of a suicidal attempt.

In the course of endeavouring to speak to each of the patients, one of them (L.L.) alleged rough usage by a nurse towards another patient M.H. in the same ward. At her interview with me L.L. was excitable and lacking in self-control. The incident to which she was alluding took place on the 3rd instant, was immediately inquired into by the Deputy Superintendent (Dr. Bowie) and on the following day by the Superintendent. In an indiscriminate manner and largely according to her mood L.L. is lavish in her praise or blame, and is given to interfere and obstruct the nurses and to make similar accusations even when the occurrence has taken place in the presence of an officer; and, as her statements were quite uncorroborated, I felt unable to give any credence to them. I had a lengthy private interview with M.H.B. at her own request; she has systematized delusions of a pronounced type and her accusations related to clearly imaginary conduct practised, she asserts, upon her at home by her relatives. Apart from these two cases and a few representations as to discharge, I received no complaints of any kind. The patients seemed to me well and carefully tended, including the 11 men and 39 women (in all 14 per cent. of the patients in residence) whom I saw in bed. It is customary to find more women than men in bed, though exactly why the difference happens to be so marked in the present instance is not easy to say. There was only one patient suffering from acute bodily illness; it was that of a woman getting better from pneumonia; she had been given a comfortable room to herself in which a good fire was burning, and mention of her case is only made because I believe it is an example of the real care given here to cases of serious illness. Generally, the patients were well and nicely clothed, and there was a liberal supply of out-door garments, but some of the men were wearing old service suits which struck me as in need of replacement.

All parts that I saw of the institution were in capital order and it was specially pleasing to observe that, in the wards used for the more troublesome patients, the supply of objects of interest and other amenities was not less than elsewhere and that, for instance, even in these wards there were at least as many books as patients, and all freely accessible to the latter. Some of the day-rooms struck me, however, as somewhat chilly, especially that of F. 2, the ward on the male side in which working patients are all allowed to sit up until 9 p.m.—a privilege of which I was told only few avail themselves. I think the response would be different were the fire lit at tea-time, games, music and billiards encouraged, and if a small supper ration were issued similar to that given to the service patients. The existence in a mental hospital of at least one such club ward on each side, besides being a great boon to its occupants, is a direct incentive to other patients to deserve by conduct and industry an extension of these privileges. Commendable endeavours are, in fact, made here to give selected patients a good deal of liberty; thus, eight men and two women have parole within the hospital's grounds and 20 men and 5 women have full parole beyond these grounds.

As many as 53 per cent. of the patients attend divine service and nearly 59 per cent. the weekly entertainments; I am told that these excellent proportions are obtained without any particular pressure to induce patients to attend. As to useful occupations, 61 per cent. of the men (including 30 per cent. on the farm and grounds) and 48 per cent. of the women are returned as employed; in comparison with the average elsewhere, these proportions, particularly that of the men, are good, especially when it is observed that less than a third of the employed men and less than half of the employed women are returned as ward workers. For those occupied in the general kitchen it would be well to fit a lavatory basin at the W.C. spur in the yard.

Since the last visit, electric light has been installed at the farm buildings, and a room for cinema apparatus is being erected at the recreation hall.

Had time permitted, I should have liked to have discussed with Dr. Hopkins the important matter of securing out-patient treatment, preferably at a general hospital, for early and incipient cases of mental illness arising within this area. Adequate treatment at the hands of doctors skilled in mental disorders can often cut short such early attacks and so avoid the necessity of institutional treatment as in-patients, or can secure the latter, when unavoidable, at an earlier stage than now is usual. The City of York—with its well-known county hospital, two registered hospitals for mental disorders, a licensed house, and the city's own Mental Hospital—would, with the consent of the respective authorities and by mutual arrangement between the medical staffs, appear to offer peculiarly favourable facilities for the institution of this line of treatment.

APPENDIX C.

ENTRIES BY COMMISSIONERS AT REGISTERED HOSPITALS, &C.

Barnwood House, Gloucester.

November 15th, 1923.

Since my colleague visited, in April last, the following changes have taken place amongst the patients :—

	M.	F.	T.
Admitted - - - - -	6	9	15
Discharged - - - - -	5	9	14
Of whom had recovered - - -	1	2	3
Died - - - - -	1	5	6

There were to-day on the books the names of 64 gentlemen and 82 ladies, and all were in residence, except one lady who was away on trial. There were also in the house three gentlemen and five lady boarders, and at the Manor House three lady boarders.

I saw all in residence, and found them to be comfortable, and to be receiving excellent care and attention. I received no complaints from anyone as to their treatment by the staff. The general health of the patients was good, and very few were confined to bed, only one lady being in any way seriously ill.

I paid particular attention to the more recently admitted patients, and satisfied myself that they are properly detained. One of them has considerably improved, and will be discharged from certificates before long, though he will remain in the house as a voluntary boarder. The boarders may be allowed to remain on that footing.

I had private interviews with three gentlemen, none of whom are fit to be discharged.

The patients' rooms were well warmed, and kept in excellent order.

Plans are now under discussion for the erection of four additional rooms attached to No. 4 section on the ladies' side. It is proposed to utilise these rooms, which will have open fronts, for ladies needing rest and open air treatment, and they should prove to be a valuable addition to the hospital.

Arrangements have been made for the more frequent shaving of some of the gentlemen as suggested by my colleague.

There has been no case of seclusion or mechanical restraint.

Bethel Hospital, Norwich.

October 26th, 1923.

I have seen all the ladies and gentlemen in residence, who appeared to be receiving proper care and attention. The health is good, but one lady is acutely ill, and is being carefully nursed.

The hospital is throughout in good order.

Since I was here in April, 11 gentlemen and a like number of ladies have been admitted. Three gentlemen and five ladies have been discharged or removed (two of each on recovery) and three gentlemen have died from natural causes. To-day there are in residence 23 gentlemen and 61 ladies, 3 ladies being on trial.

There are also on the books as voluntary boarders, six ladies and six gentlemen. One of the ladies was out and one of the gentlemen also out, and one was away. The rest I have seen.

The newly admitted patients are rightly detained.

There is no record of seclusion or mechanical restraint.

The average cost of maintenance last year was £2 4s. 11d.

Five per cent. of the patients are received gratuitously, 16 per cent. pay up to and including 21s., 25 per cent. pay from 21s. to 42s., and 54 per cent. pay over the cost of maintenance.

Bethlem Royal Hospital, London, S.E.

October 4th, 1923.

Since my visit with a colleague to this hospital on May 25th, the following are the changes among the ladies and gentlemen who have been residing here for treatment.

	M.	F.	T.
Patients admitted - - -	17	13	30
„ discharged or removed -	10	27	37
„ of whom had recovered -	4	15	19
„ died - - - -	1	5	6
Boarders admitted - - -	19	11	30
„ left - - - -	11	13	24
„ of whom admitted as patients - - -	1	3	4

These changes leave on the books the names of 71 gentlemen and 79 ladies as patients, and of 40 gentlemen and 24 ladies as voluntary boarders, a total of 214 in all. There are at present away at the Convalescent Home at Witley, which has been open this year since June 28th, three gentlemen and four lady patients, and six gentlemen and four lady boarders. One of each sex is away on leave elsewhere, and one gentleman patient is out for the day. The remainder, who are in residence in the hospital, have been seen and interviewed by me during my visit, and I am very satisfied with the care and nursing attention which I found being bestowed on them. There were confined to bed, 36 gentlemen and 44 ladies, the majority of them being there for rest on account of their mental state, and but few were seriously ill bodily. The general health of the hospital has been good during the summer; the only instance of zymotic disease which has occurred was one of chicken pox, in the case of one of the female staff.

All the six deaths were from natural causes, verified in five instances by post-mortem examination.

One serious casualty has occurred, involving the fracture of the lower end of the humerus in the case of a lady patient, who accidentally slipped up.

One male patient was twice secluded for short periods, and one patient of each sex was mechanically restrained for 13 and 60 occasions respectively, on account of surgical reasons, and to prevent self injury.

I paid special attention to the newly admitted patients, giving a private interview to one gentleman; they are all proper cases for detention, and with two exceptions, the voluntary boarders are proper subjects to remain on that footing. In the case of a lady boarder, steps are being taken to have her certified, and a gentleman boarder, who stated that he did not wish to remain here, should be certified if he is not removed.

I found all the wards, which are occupied, both as regards the day rooms, single rooms, and dormitories well kept, tidy, and comfortable. One female ward, 1. B., is being redecorated, and is not in use, and ward 4 on the male side is empty.

The gardens and grounds are well maintained. An *en tout cas* lawn tennis court has been laid down during the summer.

As many as 58·8 per cent. of the patients are being received gratuitously, 19·2 per cent. pay up to and including 31s. per week, 8·4 per cent. pay above 21s. and up to and including 42s., 13·6 per cent. pay above 42s. per week, but no one pays over 3 guineas. There are now only seven male and eight female patients left on the permanent list, and no more are being added to that establishment.

The nursing staff at present consists of 31 of each sex for day duty, and of 7 of each sex for night duty. Twenty of the men, and 8 of the nurses can reckon over 5 years' service, whilst only 4 men, but 16 female nurses have been here less than one year.

The hospital continues to be ably administered by Dr. Porter Phillips, who is assisted by Dr. Beaton, and three house physicians, one of whom is on a temporary footing. Dr. Lawrie, who was one of the assistant medical officers, has resigned his post, which has not yet been filled up.

Bethlem Convalescent Home, Witley.

August 28th, 1923.

Since my visit here, two years ago, the whole house has been thoroughly redecorated, the electric light has been installed, a new heating system introduced, and another bathroom placed on the ladies' side. The whole institution presented an extremely bright and attractive appearance, and afford excellent accommodation for the purposes for which it is used. I am glad to find that the gentlemen's side was again occupied last year. To-day there are 12 gentlemen and 14 ladies in residence: the accommodation is for 12 on the gentlemen's side and 23 on the ladies' side. At the time of my arrival, the ladies were all in the well-kept gardens, some of them playing lawn tennis, the gentlemen were out walking, but returned before I left.

I received several expressions of appreciation of the comforts, and beauty of the surroundings from those in residence.

The late matron, Miss Lulham, who had been in the service of the hospital for so many years, retired in May of last year, and the place is now in charge of Mr. Ball, with his wife as housekeeper.

The domestic staff consists of a cook, kitchen-maid, two housemaids, a between-maid and a footman.

The nursing staff changes fortnightly, coming from the main hospital. At present there are two male nurses, a sister, and two female nurses.

Bootham Park, York.

March 20th, 1923.

Since my colleague's visit to this hospital in November last, the following changes have occurred among the patients:—

	M.	F.	T.
Admitted - - - - -	4	4	8
Discharged or removed - - - - -	3	1	4
Of whom had recovered - - - - -	1	0	1
Died - - - - -	1	1	2

These changes leave on the books the names of 51 gentlemen and 48 ladies: they are all, at present, in residence and have been seen by me to-day. I gave to each one an opportunity of conversing with me, of which many availed themselves, but I had no complaints, except such as were obviously based upon some delusion or hallucination, and general contentment prevailed. They presented a thoroughly well-cared-for appearance, and those that were infirm and those that had been recently admitted were being carefully nursed. No one was suffering from an acute bodily illness. Several patients exhibited signs of mental improvement, but none of them have as yet reached a stage of convalescence.

I had private interviews with three patients who desired their discharge, but I came to the conclusion that none of them was fit for this. I satisfied myself as to the propriety of detention of the recently admitted cases. The two deaths were the result of natural and ordinary causes. There has been no casualty and neither seclusion nor mechanical restraint has been resorted to in the treatment of any patient since the last visit.

Thirty-four of the patients usually attend Divine service on Sundays; about 40 are usually present at the associated entertainments; and about 50 usually engage in some kind of useful occupation. Seven gentlemen and two ladies are allowed to walk out alone beyond the grounds, and in addition, four ladies walk out attended. Eight gentlemen and six ladies are from time to time given carriage exercise.

The nursing staff comprises 18 men and 21 women for day duty, and 4 men and 7 women for night duty. One of the day female nurses does duty on the male side. Fifty per cent. of the men and nearly 33 per cent. of the women can count over five years' service in the hospital; these are satisfactory proportions.

The average cost of maintenance per head per week for the year 1922 was £4 6s. 6d. Three per cent. of the patients are received gratuitously; 8 per cent. pay up to and including 21s. a week; 17 per cent. pay above 21s. and up to and including £2 2s.; 35 per cent. pay above £2 2s. and up to and including cost of maintenance per week; while 37 per cent. pay over the cost of maintenance per week.

The hospital is kept in capital order. During the autumn and winter the heating arrangements for warming the wards have been improved, and some of the wards have been thoroughly renovated with very good effect. Ward M.4 is now in the hands of the workmen and will, when the renovations and improvements have been completed, be devoted to the reception and treatment of voluntary boarders and recently-admitted patients regarded as recoverable.

There are to-day 7 voluntary boarders (2 gentlemen and 5 ladies) residing here. I have seen them all and have found them suitable for that footing.

The registers and case books are properly written up.

I saw a well-cooked and substantial dinner served to a number of patients in the dining hall. Those patients of whom I inquired spoke only in terms of satisfaction with the food.

On visiting the laundry I noticed a want which I hope may be supplied, and that is a separate compartment for the linen when it is received to be washed.

The Coppice, Nottingham.

November 2nd, 1923.

The installation of electric light is well in hand, and since my last visit the relaying of new carpets has been practically carried out in all the rooms and corridors where renovation was deemed necessary.

It is almost needless to say that the hospital is in all respects in excellent order, and that the ladies and gentlemen are in receipt of every care and attention.

Since April 24th there have been 10 admissions; 3 gentlemen and 6 ladies have been discharged or removed, 2 of each on recovery; and 5 gentlemen have died, all from natural causes except in one case in which an inquest was held. The verdict was that death was due to pleurisy, induced by fracture of a rib, and no evidence to show how fracture was caused. The circumstances were duly reported to the Board at the time.

There are now on the books the names of 40 gentlemen and 50 ladies. Five patients (3 gentlemen and 2 ladies) are on leave on trial, so that there are in residence 37 gentlemen and 48 ladies whom I have seen, with the exception of a gentleman, who is out.

A lady is here as a voluntary boarder, and may so remain.

There is no record of seclusion or mechanical restraint.

The staff consists of 14 attendants and 20 nurses for day, and 3 of the former and 4 of the latter for night duty.

The newly-admitted patients are rightly detained.

Coton Hill, Stafford.

November 13th, 1923.

A great deal of redecoration and repairing has been arranged for and is in process of being carried out. I am informed that when the work is completed the Committee will have expended close on £400 in improvements.

The general appearance of the rooms and galleries on both sides of the institution is now attractive and comfortable looking. The chief desideratum now is some improvement of the artificial lighting of the buildings which are not very bright on the long winter evenings.

The changes among the patients since my visit in April last are the following :—

	M.	F.	T.
Admissions - - - - -	7	7	14
Discharges or removals - - - - -	2	11	13
Discharges upon recovery - - - - -	—	3	3
Deaths - - - - -	1	1	2

There are now on the books the names of 41 gentlemen and 59 ladies as patients, in addition to whom there are two gentlemen and eight ladies residing here as voluntary boarders, all of whom appeared to me suitable to remain upon that footing.

Many of the patients of both sexes are of the troublesome, untidy type unable to give much expression to their wants, but from several of those of the less afflicted class I received expressions of gratitude for the way they are treated. I have no doubt that much is done to make them happy and contented.

The general health of the patients was very good, only one gentleman and two ladies being confined to bed and none of them for serious illness.

I paid special attention to the newly-admitted cases and satisfied myself as to the propriety of their detention.

Three gentlemen have had to be secluded on various short occasions. One lady is away on leave.

Holloway Sanatorium, Virginia Water.

December, 17th 1923.

We have seen all the patients and voluntary boarders in residence. They appeared to be in receipt of all due care and supervision, and the hospital throughout was in its accustomed excellent order. We received no complaints of any kind as to treatment or surroundings. We saw dinner being served in one of the divisions—it appeared to be ample and to be well-cooked.

The newly-admitted patients are rightly detained.

Since 27th July there have been 26 admissions (13 of each sex); 34 patients have been discharged or removed, 10 on recovery; and three have died from natural causes, an inquest being held in one instance.

There are on the books the names of 133 gentlemen and 199 ladies—in all 332.

One gentleman and five ladies are absent on leave at Bournemouth (Canford Cliffs), leaving in residence 122 gentlemen and 176 ladies. There are also on the books eight gentlemen and 11 ladies as voluntary boarders. Two of the ladies are at Canford Cliffs, and one is absent with her friends. The others we have seen. All with the exception of one lady and one gentleman are suitable for that position, but these two cannot remain here as voluntary boarders.

There has been one serious non-fatal casualty—fracture of left radius—the result of a fall.

Fifteen patients have been in seclusion on 283 occasions for a total of 985 hours, and one patient has been mechanically restrained on four occasions for $39\frac{3}{4}$ hours in all.

The staff consists of attendants 80 and nurses 61 for day, and 13 of the former and 14 of the latter for night duty.

We noticed a stock bottle of aperient medicine in one of the divisions on a shelf in the scullery. This and all other medicines should always be kept in a locked medicine cupboard. We hope that, in future, stock bottles will be dispensed with, and that no aperient will be given except on the written order of one of the medical officers.

"St. Ann's," Canford Cliffs, Bournemouth.

April 25th, 1923.

Visiting this branch of Holloway Sanatorium to-day, I find that there are eight gentlemen and 24 ladies in residence. Of the latter, two are here as voluntary patients and are quite suitable cases for that footing. Seven of the gentlemen and 17 ladies have been continuously here for over twelve months; and some four gentlemen and nine ladies have been here five years and upwards. There are three vacancies on the ladies' side and six on the other side.

I have seen and spoken to all the 32 patients in residence, to three of whom I gave private interviews. A few made representations to me as to their discharge; otherwise I had no complaints of any kind, and those whose degree of convalescence is considerable seem very contented with their surroundings and with what is being done for them.

Parole outside the grounds is accorded to two gentlemen and to three ladies, and some are occasionally taken to entertainments. Twice a day a party of three patients are taken for motor drives.

None of the patients was in bed, and their general health seems very good.

The nursing staff, under Miss Palmer, the Matron, remains the same as recorded by my colleague in February last year; and since that date Dr. Cowie has been appointed as Medical Officer.

The branch throughout is in excellent order, and affords most comfortable and attractive accommodation.

The Lawn, Lincoln.

October 31st, 1923.

As a result of considerable redecoration and the relaying of new carpets in many parts of the Hospital, there was an appearance of brightness and general comfort throughout the Institution.

I have seen all the patients, 68 in number—gentlemen 20, ladies 48, and two gentlemen who were residing here as boarders.

The newly-admitted cases are rightly detained.

There have been 20 admissions since I was here in April; 17 persons have been discharged or removed, nine on recovery; and two have died from natural causes.

The general health is good, but two ladies and one gentleman being confined to bed.

There is no record of seclusion or mechanical restraint.

The staff consists of 11 male and 20 female nurses for day, and two of the former and three of the latter for night duty.

The ladies and gentlemen appeared to be in receipt of due care and supervision.

Manchester Royal Hospital, Cheadle.

July 23rd, 1923.

Since my visit in March, plans have been submitted to my Board, and approved by them, showing the conversion of the old foul linen laundry into a mortuary, clinical laboratory and post-mortem room.

This work is now in progress, and I was sorry to hear of the recent death of Mr. Richard Todd, who for over 25 years has been head joiner and acting clerk of the works at the Hospital, and who had had much to do in making the arrangements for the carrying out of this work.

The Committee have under consideration a scheme to improve the sanitary accommodation at the main building; to provide much-needed verandahs in connection with the male and female sick rooms; to improve administrative facilities by centralising the various dining rooms; and, if possible, to remove the large boilers, now inconveniently close to the kitchen, to a better position. Plans of this work will, in due course, be submitted to my Board.

I have found the Hospital to-day in excellent condition throughout, the day-rooms and dormitories are very well kept and afford very comfortable accommodation for the patients. The male front gallery which, at my last visit was in the hands of the workmen, has now been tastefully redecorated; similar work has already been undertaken in the female front gallery, and both now have a very spick and span appearance.

The patients seemed generally to be very comfortable and contented; several of them of both sexes expressed a wish to return to their homes, but otherwise I received nothing in the nature of a complaint, and it was satisfactory to note the kindly feeling existing between the patients and the medical and nursing staff.

The changes among the patients since the last visit comprise the following :—

	M.	F.	T.
Admissions - - - - -	10	16	26
Discharges or removals - - - - -	8	15	23
„ upon recovery - - - - -	3	6	9
Deaths - - - - -	4	2	6

There are to-day on the books the names of 260 patients, 94 of whom are gentlemen and 166 ladies, and of 26 voluntary boarders, 16 of whom are gentlemen and 10 ladies. Taking patients and boarders together, the total is only 286, whereas the accommodation here and at Glan-y-Don is returned as available for 405 inmates. I hope, therefore, that in the near future a fuller use may be made of this excellent accommodation, and would point out that, even if patients are not forthcoming who can afford to pay the present high cost of maintenance, it would be better financially to accept a certain number at smaller fees than to keep part of the Hospital unoccupied.

Forty-seven patients (14 gentlemen and 33 ladies) whose names are given in the patients' book are absent on leave or trial, and four boarders are also away. Of the voluntary boarders to-day in residence all, with the exception of two gentlemen, whose names are given in the patients' book, may remain upon that footing.

The deaths were all from natural causes. The general health of the Hospital was to-day, and has been since the last visit, extremely good—very few patients of either sex were confined to bed, and few were suffering from serious physical illness.

I paid special attention to the newly-admitted patients and satisfied myself as to the propriety of their detention.

Six patients have been secluded and one mechanically restrained for various short periods.

Dr. Aldred has resigned the position of resident Medical Officer at Colwyn Bay.

Dr. Roy has at present the assistance of two medical colleagues, one of whom is on a temporary footing.

Glan-y-Don.

June 21st, 1923.

On a visit to this house to-day I found in residence as patients 23 ladies and eight gentlemen, one lady being here in addition as a voluntary

boarder. The second lady boarder, whose name is on the books, was away on leave.

During my visit I saw all patients in residence, and found them in good health, contented, and well cared for. The lady boarder may suitably remain on that footing.

The two buildings were in excellent order throughout.

St. Andrew's Hospital, Northampton.

April 13th, 1923.

I have yesterday and to-day visited the hospital and its dependencies, which are maintained in good order. I was sorry not to see Dr. Rambaut, who was away at Bryn-y-Neuadd.

A good deal of redecoration has been carried out on the female side, one ward being at the present time in the decorators' hands. The male side, by contrast, appears rather dingy in parts, and I hope that it will be possible at an early date to start similar work at Male Wards 5, 6 and 7 and the corridor in connection with them. The farmhouse at Moulton Park has been repapered and redecorated internally. I noticed a considerable amount of damp and discolouration in one of the dormitories of the Villa known as The Cedars.

The following changes have occurred among the patients since my colleague's visit in July last :—

	M.	F.
Admissions - - - - -	25	22
Discharges or removals - - - - -	14	24
„ upon recovery - - - - -	7	11
Deaths - - - - -	9	10

There were to-day on the books the names of 191 gentlemen and 222 ladies as patients, in addition to whom there are eight gentlemen and four ladies on the footing of voluntary boarders; 59 of the patients are away on leave or trial, leaving 354 in residence, all of whom I saw in the course of my visit.

The patients of both sexes presented a well-cared-for appearance, and though there were a considerable number in bed for treatment or for the debility of old age, no one appeared to be very acutely ill.

I had private interviews at their request with the patients whose names are given in the patients' book. Most of the interviews related to the question of discharge. Apart from this subject, there were very few complaints, and several of the more sensible patients spoke gratefully of the kindness and attention they receive. One gentleman, however—an ex-soldier—who is at times acutely maniacal, and has very pronounced delusions, complained of having been violently assaulted by an attendant, and showed me a healing scar of considerable size on his chest. I made close inquiry into the circumstances of this injury, the facts being shortly these: On the night of April 1st the patient, who had been moved to the infirmary dormitory from a single room on another floor which he had previously been occupying, got out of bed and made an unexpected and savage attack on the sole male attendant in the dormitory, with the object of getting possession of his keys. A violent struggle took place, in the course of which the attendant was thrown on to the bed and the patient knelt on his chest and dug his thumbs into his throat. Ultimately the attendant succeeded in extricating himself, and as the patient continued to attack him, seized the nearest object he could get to defend himself, which happened to be a water bottle, with which he struck the patient. The bottle naturally broke, and a deep wound was inflicted on the patient's left breast. I questioned the attendant—an elderly and not very active man—on the occurrence, and it was evident that he had good reason to believe that he was no match for the violence of a much younger and very active man, and acted in self-defence. While fully realising the difficulty of the situation, I impressed upon him the undesirability of a water-jug

as a weapon, even for defence. At the same time I cannot regard the present staffing arrangements of the dormitory where acutely maniacal patients are not infrequently received as at all satisfactory. Although there is a second attendant on duty at night, he is frequently absent from the dormitory on patrol work, and no means appear to exist of obtaining help when required. I was very much surprised to hear that since this occurrence nothing has been done to place matters on a safer footing. The patient's wound, which exposed the rib underneath, had to be stitched, but is now healing quite satisfactorily.

There is no recorded use either of seclusion or of mechanical restraint.

All the deaths were from natural causes, and no inquest has been held. The only serious non-fatal casualty was a fracture of a wrist, sustained by a lady patient in an accidental fall.

The Sunday services are usually attended by 128 patients, and the associated entertainments by 168; 158 are usefully employed; 24 patients walk out alone, and 72 attended beyond the grounds. Carriage exercise is also given to a large number.

The nursing staff consists of 156 (89 males and 67 females) for day and 19 (9 males and 10 females) for night duty.

The average weekly cost of maintenance last year was £4 13s. 0 $\frac{3}{4}$ d.; 6.57 of the patients pay up to 21s. a week, 9.49 from 21s. to 42s., and 52.80 from 42s. up to and including the weekly cost of maintenance, so it is clear that the hospital continues its charitable work to a considerable extent.

Bryn-y-Neuadd.

June 23rd, 1923.

I found this house in excellent order on my visit to-day, and the patients now in residence quiet, contented and generally in good health.

There were to-day on the books the names of 50 ladies on leave from St. Andrews and 16 gentlemen permanently resident.

Three gentlemen were out walking at the time of my visit, and two were occupied on the land. With these exceptions, I saw all in residence.

The party of ladies now here is the third that has been received from St. Andrews during the current year.

I am pleased to note that every effort is made by means of outings of various sorts, games and amusements, to make the change a pleasant one. These efforts appear to be fully appreciated.

The Warneford Hospital, Oxford.

October 22nd, 1923.

Since my visit to this institution in June last, nine patients have been admitted, seven have been discharged and two have died.

Of new cases, one died shortly after admission, one has been discharged, and a third released on leave for trial. The remaining six, who are now in residence, have been seen by me and found to be properly detained. Two of the patients discharged have been transferred to other care, and five have been released on recovery. Both deaths were due to natural causes.

There are on the books to-day, the names of 46 gentlemen and 56 ladies, 4 of the former and 6 of the latter being voluntary boarders. All these, with the exception of 3 of each sex, who were out on trial, were seen by me and found to be properly cared for.

I gave a private interview to one gentleman, but found no reason for action thereon.

The house was in good order throughout, and material progress has been made with the new buildings, the plans of which have been approved by my Board.

The general health of the hospital has been good, and remains so. One nurse and a maid developed scarlet fever from outside sources and were removed to the City Isolation Hospital; but no patient contracted the disease.

Wonford House, Exeter.

August 10th, 1923.

Since my colleague's visit on February 20th last, the following changes have taken place amongst those patients and boarders who have been resident here :—

	M.	F.	T.
Patients admitted - - - -	4	7	11
„ discharged or removed -	4	6	10
of whom had recovered -	—	4	4
„ died - - - -	2	3	5
Boarders admitted - - - -	2	3	5
„ left - - - -	1	4	5
„ died - - - -	1	1	2

These changes leave on the books the names of 47 gentlemen and 86 ladies as patients, and of three gentlemen and six ladies as voluntary boarders. Four gentlemen and 18 lady patients are on leave or trial, and three voluntary boarders are away at Dawlish, with the three gentlemen and 15 lady patients who are there. In residence to-day are 43 gentlemen and 68 ladies as patients, and three of each sex as boarders. With the exception of five gentlemen who are in Exeter for the day, I have seen all those in residence, and found them receiving proper care and attention.

The recently admitted cases are properly detained, and the voluntary boarders, with one exception, proper subjects to remain on that footing.

If this lady's mental state does not improve, she should be removed or certified.

The general health of the hospital is good. Those patients whom I found in bed were there either on account of extreme old age or for rest.

To two gentlemen I gave private interviews; neither is fit for discharge. All the deaths were from natural causes.

No use of mechanical restraint or seclusion has been employed.

The house generally is in very good order. Some redecoration has taken place.

The installation of the electric light has been commenced. The current is obtained from the municipal supply.

Plantation House, Dawlish.

February 21st, 1923.

Visiting this afternoon, I found in residence 14 lady patients, three gentlemen patients and three lady boarders, one of whom is staying to be a companion to her husband, a patient.

I saw all except two boarders and two lady patients, who were out, and found them to be comfortable and contented. Two ladies were in bed, but not seriously ill.

The house throughout was in good order.

The Retreat, York.

March 19th, 1923.

Since the visit of my colleague to this hospital on November 14th last, the following changes have taken place among the patients :—

	M.	F.	T.
Admitted - - - -	4	10	14
Discharged or removed - -	5	10	15
Of whom had recovered - -	1	4	5
Died - - - -	3	2	5

These changes leave on the books the names of 56 gentlemen and 100 ladies. Of the former, four are away on leave or trial, and of the latter

three are at Throxenby Hall, and four are absent elsewhere on leave or on trial.

Since the last visit, there have also been admitted six gentlemen and six ladies as voluntary boarders; nine voluntary boarders have left, of whom four have been certified and been admitted as patients, and one voluntary boarder has died. One of the voluntary boarders is at present located at Throxenby Hall.

In residence there are to-day as patients, 52 gentlemen and 93 ladies, and as voluntary boarders, six gentlemen and six ladies. In the course of my inspection to-day, I have seen them all, as well as a gentleman patient and a lady patient, who are absent on leave, in the neighbourhood of the hospital, and who were brought in to see me, and have found them comfortable, and in all respects well cared for. From none did I receive any complaint, and I satisfied myself that the few who thought they ought to be discharged, are at present quite unfit to leave. In the female division there were a number of feeble, aged patients, but, excepting these, the general bodily health of the establishment is satisfactory, and no one is suffering from any acute illness. Just now there is only one patient who seems to promise early mental recovery. I satisfied myself as to the propriety of the detention of the recently admitted cases, who are still in residence.

Of the voluntary boarders, two gentlemen and one lady are mentally unsuitable to continue on that footing. Dr. Yellowlees will take steps for their certification or removal. He drew my attention to the case of another gentleman voluntary boarder for whose certification or removal a demand may have to be made before long.

The deaths were all the result of natural causes; no inquest has been held, and there has been no serious casualty. No one has been mechanically restrained, but ten patients (one gentleman and nine ladies) have been secluded on altogether 134 occasions and for a total of 165 hours.

Of the patients, 46 usually attend Divine Service on Sundays; 50 are usually present at the associated entertainments, and about 60 are daily engaged in some kind of useful occupation. Thirteen are allowed to walk out unattended beyond the grounds, and 38 go out beyond the grounds attended.

Exclusive of the matron, assistant matrons, and chief male attendant, the nursing staff consists of 24 men and 38 women for day duty, and of 5 men and 8 women for night duty: it is therefore of adequate strength.

The average cost of maintenance per head per week, for last year, was £5 9s. 3d. Of the patients, 16 per cent. pay above 21s. and up to and including £2 2s. per week; 41 per cent. pay above £2 2s. and up to and including cost of maintenance per week; and 43 per cent. pay over cost of maintenance per week.

The alterations, improvements and renovations referred to by my colleague last November are progressing, but several months must elapse before they will be completed. They naturally occasion some disturbance but, after making allowance for this, I am able to report that I found the hospital in capital order.

The medical registers and case books are well kept.

Throxenby Hall, Scarborough.

July 16th, 1923.

I have to-day visited this branch of the York Retreat, and have found it throughout in excellent order.

There are at present residing here on leave from The Retreat, eight chronic, certified patients. Two of them have been here for nearly a year, and the rest for about a fortnight. They are pleased to be here; all in good bodily health, and very comfortable.

I understand that the lease expires towards the end of the present year, that the house has to be sold, and that therefore there is a possibility that

it may be no longer available for its present purposes, a fact which I feel sure our Board will much regret.

Miss Morris is now the matron in charge. She has under her direction three nurses and four maids, and there are three outside men.

A local doctor visits the patients almost every other day, and a member of the medical staff of The Retreat occasionally.

Royal Military Hospital, Netley.

April 21st, 1923.

At the date of my visit there were, according to the returns supplied to me, 62 patients including three sick officers in residence, all of whom, to the best of my belief, I saw. From what I observed and from the full information readily afforded me by Major W. L. Webster and others working under him, I had no doubt but that all these patients were in receipt of first-rate care and treatment, and that close study and much individual attention are given to cases here.

The infirmary portion of the block is conveniently on the ground floor and comprises a comfortable day-room, a dormitory of 26 beds arranged in two rows—where 8 patients were under treatment in bed, and a small annexe containing three single rooms, two of which were padded—one being in occupation at the time of my visit. In the sanitary spur at these quarters, hand-plugs and flushes have been abolished and replaced by flushes automatically acting every ten minutes. In the day-room the arm-chairs, of which there is a good supply, struck me as being of very comfortable pattern and the loose washable cover with which each is fitted is a useful sanitary provision; its two bagatelle tables are evidently popular.

The rooms for convalescents are upstairs and here I saw some 20 of the patients. Good order and cleanliness were manifest everywhere; but it seemed to me that the furniture in this part of the block is at least in need of renovation, but might better be regarded as out-of-date, and I was glad to learn that consideration was being given to its replacement. I also thought that here and in some of the corridors the walls, etc., were in need of repainting; whenever this is done, I hope that the bright effect of white enamel or other light colours will be borne in mind. It is of interest to record that, for the patients' amusement, a wireless broadcasting apparatus has been installed—the first that I have seen in a mental hospital.

The day-room on the ground floor appeared to me, with the 22 patients whom I interviewed there, somewhat overcrowded; but I understand that during wet weather the dining room is used as a lounge. Full use is made of the garden and some of the patients enjoy a modified degree of parole. There are no work-shops; and employment, apart from recreation, is found mainly in domestic work and in the garden. For those who wish to smoke, ten cigarettes a day are allowed or their equivalent.

The dietary appears to be good and sufficient, and well varied; and a careful watch is maintained on the patients' weights, which are taken weekly.

It was particularly satisfactory to learn the large extent to which the aid of the laboratory is sought in association with clinical observation: for instance, an examination of the blood is made in every case and, when at all indicated, of the cerebrospinal fluid as well. This is all to the good and it is to be hoped that the fullest practicable extension will be given to this line of clinical study, including routine investigation of such matters as dental, oral, intestinal and other foci of sepsis, and such tests as are available in connection with endocrinal secretion.

The nursing staff seems adequate in strength and, besides including six, known as mental attendants, there were also three men with general hospital training. Night duty is taken in rotation for a month at a time, the staff at night comprising one non-commissioned officer and five men. I was glad to hear that systematic instruction is now given here in mental

nursing and that several, including four members of the Royal Air Force specially attached here for the purpose, were preparing for examination with a view to obtaining the nursing certificates of the Medico-Psychological Association.

The following figures, based upon the returns for the year 1922 and kindly sent me by Major Webster after my visit, indicate in some measure the very considerable amount of medical work overtaken at this section of Netley Hospital :—

The admissions, including 13 officers, numbered 249, of whom 112 were overseas cases and 137 were received from home units. This total is about a third less than during the previous year and, while, numerically considered, it lessens the field for clinical observation, the reduction has the advantage of permitting a more extended and individual study of patients and of offering a better opportunity for recovery without resort to certification—a period of from two to three months' residence being now generally practicable, which is, I trust, capable of extension in selected cases. In the absence of figures showing the distribution in age periods of the troops whence these admissions are drawn, it is scarcely profitable to give details as to age of the cases admitted; but it seems to me noteworthy, and perhaps a point worthy of further analysis, that, including two overseas cases, there were only 10 over 40 years of age. As to the form of mental illness, it is surprising to observe that there were only 11 (4·4 per cent.) cases of general paralysis; there were a like number of delusional cases; it is also of interest to note that the melancholic patients far outnumbered those in which maniacal symptoms predominated. Only 15 were diagnosed as dementia præcox, but 20 were classified as psychasthenics and as many as 31 as feeble-minded; the difficulty of differential diagnosis in these groups, is well known, and it is believed that some of both the latter types were cases of dementia præcox. Of the overseas patients, almost one-half came from India and nearly one-third from Egypt.

There was only one death during the year.

Discharges and transfers numbered 271. Of these, 31 were transferred to other military hospitals, 66 were transferred as mental cases to other care (53 to mental hospitals and 13 to Poor Law institutions), 24 were discharged to duty, and as many as 150 were discharged to their own homes. The latter two numbers taken together appear to me to represent a very creditable proportion. Major Webster and I both felt that, as some index to the stability of these recoveries, the proportion among them of cases subsequently and within a given period relapsing and received into a mental hospital would be information of no small interest; and, as he was good enough to promise to supply the necessary data for identification, I have undertaken that endeavour shall be made to ascertain from information in our office this proportion and later on to communicate it.

Royal Naval Hospital, Great Yarmouth.

August 21st, 1923.

I visited this institution to-day, and had the advantage of being shown round by Surgeon Commander Thompson, who is in command of the hospital.

I found everything in very good order, and the patients generally to be in good health, and to be receiving excellent care and kindly treatment. The changes that have taken place amongst the patients since the last visit by a Commissioner, are as follows :—

Admitted	.	.	.	.	.	.	.	.	18
Discharged	.	.	.	.	.	.	.	.	7
Of whom had recovered	.	.	.	.	.	.	.	.	4
Died	.	.	.	.	.	.	.	.	18

There are now therefore on the books the names of 154 patients and all were in residence except three who were absent on leave.

About a third of the patients are usefully employed about the building and grounds : 120 attend associated entertainments, and 70 attend Divine Service on Sundays. I was glad to hear that as many as 30 are allowed to have parole, and to go for walks beyond the grounds unattended by a member of the staff. Every effort is made to allow the patients as much freedom from restraint as possible within the hospital, and to encourage them to live as normal and happy a life as they can under the circumstances. To this end, the boarding has been removed from the whole of the front of the hospital facing the sea, so that the patients have an excellent view of the sea front, and can see the holiday amusements of the people. A piece of the cricket ground has been levelled to make an excellent bowling green, and further levelling will be done to improve the ground itself. Commander Thompson has also further schemes with the same objects in view, which he hopes to carry out before long, and I have little doubt that these would meet with the full approval of my Board if they were consulted on the matter.

A new type of cap has been introduced for the men, instead of the one they formerly used, and this not only smartens their appearance but is, I understand, much liked by the patients.

The guard to the hydro-extractor in the laundry to which my colleague drew attention last year, has been made efficient, but I noticed that the engine in the laundry engine room urgently needs guarding.

A good deal of redecoration has been carried out, including the theatre, where entertainments are held three times weekly, but further painting, etc., is still needed in some of the patients' quarters.

There was little sickness amongst the patients, only ten men being confined to bed, and the arrangements made for their proper care and nursing were quite satisfactory. A special dormitory is set apart for any tubercular cases that might arise.

The staff now consists of 29 attendants for day and four for night duty, 19 of them having been in the service for over six years.

Surgeon Commander Thompson has as his deputy and assistant, Surgeon Lieutenant Commander Ninnis.

State Criminal Lunatic Asylum, Broadmoor.

August 4th, 1923.

During yesterday and to-day we have visited all parts of this institution, and seen all the patients whose names are on the books, and, as the result of our visit, we can report most favourably both as to the care and treatment of the patients, and as to the general management of the institution.

Since the last visit in July, 1922, 96 men and 33 women have been admitted; 41 men and 15 women have been discharged, 22 of the men and 14 of the women on recovery, and 26 men and 6 women have died.

These changes leave 591 men and 198 women in residence, who are classified as follows :—

	M.	W.	T.
H.M. pleasure cases - - -	474	174	648
Certified insane after conviction -	85	6	91
Certified insane before trial - -	32	18	50

On going round the institution we gave every patient an opportunity of speaking to us and, except on the question of their detention, we received no complaints worthy of mention. Generally, they were very quiet and well behaved, but there was some noise and excitement in one airing ground where, owing to alterations which are being carried out in another airing ground, a larger number of the more troublesome female patients than usual were congregated. This court did not strike us as being very suitable for even its proper number of patients, as it is very shut in, and is asphalted all over, and we hope that it may be possible to improve its appearance at some future date.

The patients are usefully employed whenever possible, both out of doors and in the shops as well as in the various house occupations, and we were glad to hear that efforts are made to instruct some of the women in mat-making and other fancy work.

The patients' rooms were clean and well kept, and we were particularly pleased with the comfort and appearance of the small rooms which are allotted to some of the best-behaved patients, who are allowed to decorate them with flowers and pictures.

Much painting and redecoration has recently been carried out, and will be continued where necessary. We hope that the question of installing electric light throughout the building will receive consideration when the financial situation permits; this, as has often been pointed out before, is a much-needed improvement.

The health of the patients has been good, and except for a few cases of influenza, there has been no epidemic disease. No patient has been attacked by either dysentery or enteric fever, and only three patients, all males, are at present known to be suffering from tuberculosis.

All the deaths were due to natural causes, except one, which was caused by a suicidal act. In each case an enquiry into the cause was held by the coroner, and in the case of suicide, the verdict shewed that reasonable precautions had been taken by those in charge of the patient.

We saw a good dinner, consisting of boiled beef with two vegetables, followed by a currant pudding, being served in the wards, and being enjoyed by the patients, and we were satisfied that the diet is good and sufficient.

The staff on the male side consists of one chief, 9 principal and 116 ordinary attendants for day, and of one principal and 15 ordinary attendants for night duty, and on the female side of one chief, 3 principal and 40 ordinary nurses for day and of 6 nurses for night duty. No nurses are employed on the male side.

Dr. Sullivan has the assistance of Dr. Foulerton and Dr. Conolly by whom the clinical and other records continue to be well and carefully kept.

APPENDIX D.

ENTRIES BY COMMISSIONERS AT METROPOLITAN LICENSED HOUSES.

Brooke House, Clapton, N.E.

November 9th, 1923.

Some redecoration is being carried out and the male side, with the exception of the wing, is being heated by radiation. The plant is in position and will, it is hoped, be in working order in a day or two. This will be a great improvement and should add much to the comfort of the patients.

Since October 2nd one gentleman and three ladies have been admitted; two gentlemen and a lady have been discharged, and one of each sex has died from natural causes. There are to-day on the books the names of 28 gentlemen and 48 ladies, all of whom I have seen except one gentleman who is on trial, and another who is out.

There are also in residence two gentlemen and a lady as voluntary boarders, who may remain as such.

The house is in good order, and the domestic matters referred to by my colleague have received attention.

The ladies and gentlemen appeared to be in receipt of due care and attention, and the new cases are properly detained.

There is no record of mechanical restraint.

Two gentlemen have been secluded on five occasions for a total of 28 hours.

A lady has sustained a fracture of the left humerus under circumstances detailed in the patients' book.

I gave a private interview to one lady.

Camberwell House, Peckham Road, S.E.

November 19th, 1923.

Since the last visit of one of my colleagues, the following changes have taken place among those residing in this House :—

	M.	F.	T.
Patients admitted - - - -	13	18	31
„ discharged or removed -	13	22	35
„ of whom have recovered -	1	5	6
„ died - - - -	3	1	4
Boarders admitted - - - -	5	4	9
„ left - - - -	1	4	5
„ „ of whom certified as patients and ad- mitted - -	1	1	2

There are now on the books the names of 128 gentlemen as patients and five gentlemen as boarders and of 221 ladies as patients and of nine ladies as boarders. Nine gentlemen and three ladies are on leave at Hove Villa, Brighton, and one gentleman is away on 48 hours' leave. I have seen all the remainder, and found them being properly looked after in very comfortable surroundings.

The newly-admitted patients are rightly detained, and all the voluntary boarders are proper subjects to remain on that footing. I gave private interviews to five gentlemen; none of them have recovered.

The general health of the establishment is good, and has been so since the last visit. To-day I found 11 gentlemen and 41 ladies confined to bed, but few were seriously ill. One lady accidentally fell down yesterday and sustained a Colles' fracture of the left wrist. The four deaths were all from natural causes.

Three gentlemen and four ladies have been secluded on 17 and 46 occasions respectively, and two ladies have been mechanically restrained by means of locked gloves to prevent self-injury and for surgical reasons on five occasions.

The houses throughout are in excellent order. The alterations to the male infirmary are nearly completed, and a great improvement has been effected.

Apart from a few appeals for discharge, I had no complaints as to their treatment from any patient; and many spoke in appreciative terms of the kindness they were receiving.

There are now in residence here and under treatment 43 ex-officers and eight Army sisters, chargeable to the Ministry of Pensions.

Chiswick House, Chiswick.

October 9th, 1923.

Since this House was visited by my colleague on the 5th of July last, three gentlemen have been admitted, one of whom has already been discharged on recovery, and two other patients have been discharged as relieved. There has been no death and no change among the lady patients. The numbers now on the books remain, therefore, the same as at the last visit, and are 16 gentlemen and 17 ladies. All of them are in residence, and with the exception of one gentleman, who was out playing golf and is, so Dr. Tuke told me, greatly improved mentally and probably will be leaving before long, have all been seen by me in the course of my visit to-day.

I have found them in receipt of due care and attention and in a satisfactory state of bodily health, allowance being made for two or three ladies

who are of very advanced age. Of the two recently admitted gentlemen, who are still here, one has been transferred from other care and the other is a direct admission; both are proper subjects for detention.

Since the last visit no one has been secluded or mechanically restrained.

Six gentlemen and seven ladies attend Divine service which is held in the House by the Vicar of the Parish on every Sunday afternoon, and one gentleman and two ladies attend the Parish Church.

Two gentlemen are trusted to walk out alone beyond the grounds, and five gentlemen and six ladies walk out attended. Four gentlemen and five ladies have regular carriage exercise.

Excluding the Matron and head attendant, the nursing staff comprises 10 male attendants and 12 female nurses for day duty, while for night duty there is one attendant and one nurse.

Four of the male attendants and five of the female nurses have not yet completed a year's service, but five attendants and one nurse can reckon over five years' service.

The case books have been kept in a satisfactory manner.

The House and grounds are in excellent order.

Clarence Lodge, Clapham Park.

November 19th, 1923.

The only change among the patients since the visit of my colleague in October last has been the admission of one lady, who is rightly detained.

On the books to-day there are nine patients. I have seen them all, and have found them comfortable and in good bodily health. None gives promise, I regret to say, of early mental recovery. They all presented a neat, well-cared-for appearance.

No one has been secluded or mechanically restrained.

The lady who has been residing here for over a year, as a voluntary boarder, has recently become worse mentally. To-day she is very restless, talked to me in an agitated, confused and deluded way. Unless she decidedly improves between now and the next visit of a Commissioner, I suggest that the question as to her suitability to continue on her present footing should then receive careful consideration.

The house is in good order.

Featherstone Hall, Southall.

November 10th, 1923.

There has been no change among the patients since the last visit. I have this afternoon seen each of the nine ladies whose names are on the books, and I have found them admirably cared for in all respects, and, with one exception, content and peaceful.

This excepted case is a lady who was last admitted, and who suffers from epilepsy. From time to time she has had outbursts of violence, and yesterday, I regret to say, she struck Miss Bailey in the face and gave her a bad black eye. This morning she was so viciously violent to her nurses that she had at 8 o'clock to be placed in a long-sleeve jacket, which she was still wearing when I saw her in bed. She was then very sullen.

Her restraint of body is the only instance of mechanical restraint which has taken place during the period under review. The house is in excellent order and well warmed.

Fenstanton, Christchurch Road, Streatham Hill, S.W.

October 15th, 1923.

During the period that has elapsed since my colleague's last visit, three months ago, two ladies have been admitted as patients, and three have been discharged, one on recovery, and two transferred to single care. There are now on the books the names of 23 ladies as patients;

one lady is on leave of absence, and one is out for the day. I have seen all the others, and found them receiving proper care and attention. Many of them were having their mid-day dinner, which was nicely served, and appeared to be of good quality.

The house is in its usual excellent condition. A good deal of redecoration has been lately carried out, and a new block floor laid in the lounge. A wireless broadcasting apparatus with four receivers has been installed in the ladies' drawing-room, and is proving to be popular with them.

No one has parole outside the grounds, but 10 ladies walk out attended, and about the same number go for drives.

Divine service is held in the house on Sunday mornings at 9.30 by the Vicar of Christ Church, when 17 ladies are usually present. Four of the ladies also go to the neighbouring church services.

The general health is good; the four ladies whom I found in bed were there for rest.

There has been no employment of seclusion nor mechanical restraint. There has been no resort to the latter for the past 26 years in this house.

The nursing staff consists of eight nurses for day duty and three for night.

The Flower House, Beckenham Lane, S.E. 6.

November 15th, 1923.

The only change among the patients since the visit of my colleagues, a month ago, has been the admission of a gentleman on transfer from St. Andrew's Hospital. He is a proper subject for detention.

There are to-day on the books the names of 19 patients. All of them have been seen by me this morning, and I have found them contented and comfortable, and in all respects well cared for. None give promise of early mental recovery. With the exception of two gentlemen, who were in bed, one of whom has accidentally sustained an intracapsular fracture of the femur, they were all in good health.

No one has been secluded or mechanically restrained. I have also seen a voluntary boarder who has been residing here for some time past, and may properly continue to remain on that footing.

The house is in admirable order, and the rooms are well warmed either by coal or gas fires. The installation of electric light has been completed in a very satisfactory manner, the fittings being very good.

The new building is rapidly approaching completion. Major à Beckett informed me that it is his intention to appoint a resident medical officer. He will in due course seek the approval of the Board to the appointment of the gentleman whom he desires to engage.

Halliford House, Shepperton.

October 6th, 1923.

On visiting this house to-day I was sorry to find that Dr. Haslett is again in a nursing home for a minor operation. He is, however, doing well, and it is expected that he will very shortly be able to return to his house.

Since my colleague was here on July 13th the changes among the patients have been as follows: A gentleman has been received on transfer from another institution, and there have been three direct admissions (all ladies), but one of them, on account of the invalidity of her order, had to be discharged and readmitted on a fresh one. Two other ladies have been discharged, both on recovery. There has been no death. These changes leave on the books the names of 27 patients—viz., 13 gentlemen and 14 ladies. One lady is to-day absent on leave, but all the rest I have seen and have found them in good or fair health, and generally well cared for. All the admissions above referred to are still here, and are suitable cases for detention. No use of mechanical restraint or seclusion has been recorded since the last visit. A gentleman and three ladies attend the Parish Church, but for the rest there is no provision for Divine Service.

I think that quite a number of the gentlemen and ladies could attend if a short service (which might be taken by the Matron, and include the singing of hymns) was held in the drawing-room every Sunday. I have mentioned the matter to the matron, and she appeared quite willing to act upon this suggestion.

Outdoor exercise is encouraged here, and two gentlemen and three ladies have parole beyond the grounds, while usually 13 other patients (six gentlemen and seven ladies) are taken out for walks on the roads.

The five gentlemen and six ladies who in August were taken for three weeks to Southsea evidently, from what they told me, greatly enjoyed the change, which was made as varied and pleasant as possible for them.

The staff consists of a head attendant, two ordinary attendants, and a youth for day duty in the gentlemen's division; and on the ladies' side, besides the Matron, there are four nurses for day duty and one for night duty. When circumstances render it necessary, the night nurse also visits the gentlemen's division.

The same voluntary boarder who has been here for some years past is still in residence.

Hayes Park, Hayes.

December 10th, 1923.

Since the last visit two ladies have been admitted and two have been transferred, one to single care and one to another institution. These changes leave the names of 19 patients on the books, all of whom I have seen, with the exception of one lady, who is on leave. I satisfied myself that the two ladies who have been admitted are properly detained. All the ladies appeared to me to be carefully looked after and I received no complaints. The rooms were warm and comfortable, and the house is in its usual excellent order. There is no record of seclusion or mechanical restraint. One lady is about to be discharged recovered. Only one lady is confined to bed.

Hendon Grove, London, N.W.

October 4th, 1923.

There has been no change amongst the patients since the last visit and I have seen the 14 ladies whose names are on the books.

With the exception of two ladies, all were in the winter garden or about the grounds and appeared to be in receipt of proper attention and care.

The house is in good order but some renovation is about to be carried out by replacing the old window-frames with new ones in one of the bedrooms.

There is no record of any seclusions or mechanical restraint.

Six ladies go out walking under care and a like number attend services at the parish church; some also go for weekly motor drives.

In addition to the matron and the sister, there are nine nurses for day and one for night duty.

Mead House, Hayes, Middlesex.

October 11th, 1923.

Since my colleague's visit in July, one lady has been transferred and another has been admitted. These are the only changes and there are thus the names of again 14 ladies on the books—none of whom are on a voluntary footing.

All the ladies are in residence and have been seen by me to-day. They are, I feel sure, not only comfortable but are in receipt of careful medical attention and good nursing. The newly admitted patient is undoubtedly of unsound mind and properly detained.

None of the ladies are at present suitable to be accorded parole, but some three are taken for walks and about six for drives. Some eight attend divine service weekly at Hayes Park and two go to the parish church.

The nursing staff under the matron at present comprises eight, of whom two are on duty by night.

The house is maintained in its usual good order and is very comfortable.

Moorcroft House, Hillingdon.

September 28th, 1923.

I found this house in its usual excellent order on my visit to-day. During the last three months a few of the rooms have been renovated, and, in five of the rooms in the West Wing, new up-to-date fire grates have been installed.

Since the visit of July 5th two gentlemen have been admitted, and seven gentlemen have been discharged, two upon recovery. There are now on the books 33 gentlemen and seven ladies: one of the former is away on trial, but all the rest I have seen. I was quite satisfied with the condition in which I found them and they are evidently receiving every care and consideration. Of the newly admitted cases, one has been discharged; the other is properly detained. There is no patient who, at present, has far advanced towards mental recovery. The bodily health is good, no one to-day being confined to bed on account of either bodily or mental illness.

A lady and a gentleman are here on the footing of voluntary boarders. The latter, who was admitted two days ago, is unfit to continue on that footing, and Dr. James, who concurs in my opinion, will, within the next fortnight or three weeks, take steps with a view to his certification.

No one has been secluded, but one gentleman has been restrained by a jacket, on one occasion, for a total of five hours.

A service is held on Sunday afternoon in the house, by either the vicar of the parish or his curate, which, on the average, is attended by 15 of the patients.

All the lady patients, and five of the gentlemen, engage in various useful occupations, and, in addition, a large number of the gentlemen amuse themselves in reading and in playing indoor and outdoor games.

Four patients are allowed their parole; seven walk out attended beyond the grounds; and ten have the opportunity of going for drives.

The staff of attendants comprises 14 men and 8 women for day duty, and 1 man and 2 women for night duty.

The notes in the case book are informative and entered up to date.

The gardens are most carefully kept and are to-day very bright with flowers.

Newlands House, Tooting, S.W.

October 16th, 1923.

Since my colleague's visit, three months ago, three gentlemen have been admitted as patients, two of them having been previously here as voluntary boarders, and one lady has been received as a boarder. There are, to-day, on the books, the names of thirteen gentlemen and two ladies, as patients, and of one lady as a voluntary boarder. One gentleman is away on trial, and the remainder who are in residence have been seen by me. I found them in comfortable surroundings, and being properly looked after. The newly admitted patients are rightly detained, and the lady boarder is a proper subject to remain on that footing. The general health of the patients is good, only one gentleman being confined to bed for a cold.

There is no record of mechanical restraint or seclusion, and there has not been any employment of the former here for thirteen years.

The patients' rooms are clean and tidy, and the house generally is in very fair decorative condition. The lobby and staircase on the gentlemen's side has been finished off as regards plastering, but some distempering remains to be done there.

None of the patients have their parole outside, but five walk out attended, and nine go for drives. Two attend Divine Service at a neighbouring Church.

The nursing staff now consists of two male nurses, one of whom sleeps in the house, a charge and four female nurses.

Dr. Sergeant accompanied me during my visit.

Northumberland House, Green Lanes, Finsbury Park, N.

September 29th, 1923.

On visiting this house to-day, it was with regret I learnt that Dr. Hart is resigning his position as medical superintendent of it on Monday next, October 1st, partly on account of his late indifferent health, but mainly on account of the claims on his time by his outside practice. Our Board will shortly be asked to approve the appointment of Dr. Dillon, the senior assistant medical officer at Peckham House, in Dr. Hart's place.

Dr. Hart, who, since June 1st, has been residing at Betchworth, Surrey, has been visiting Northumberland House once a week since then, and, for the last four months, a Dr. Jacobs has resided here and assisted Dr. Mullin, who has acted as medical superintendent. Dr. Jacobs will be leaving on Monday next. I understand that Dr. Hart, whom I have seen this afternoon, will notify our Board on Monday next of the above proposed changes.

Since the visit on July 26th, ten patients (four gentlemen and six ladies) have been admitted, and seven (five gentlemen and two ladies) have been discharged or removed, none on recovery. There has been no death. These changes leave to-day on the books the names of 34 male and 53 female patients, and there are in addition six female voluntary boarders, one of whom has become much worse mentally, and is unfit to remain on that footing; steps are already being taken for her certification.

All the 93 are in residence, and have been seen by me to-day. I was satisfied that they were receiving good care and attention, and I had no complaint made to me, except one which was the outcome of an hallucination.

The patients are mostly in good bodily health. One lady showed marked mental improvement. I gave private interviews to one gentleman and one lady, and paid special attention to the two newly-admitted cases (since my colleague's visit of the 6th inst.) and found that each was properly detained.

There has been no use of mechanical restraint, but seclusion has been employed in the case of three gentlemen and four ladies on altogether 65 occasions, and for a total of 400 hours.

The house is in very good order throughout. During the last three months some of the bedrooms and sitting rooms in the villas have been nicely redecorated. The receptacles in which disinfectant fluids are kept in the wards should invariably be kept under lock and key, and should bear labels clearly indicating their contents, and the fact that they are poisonous. Dr. Mullin promised that this matter should in future receive attention.

I saw a capital dinner served to the gentlemen. It consisted of a good, well-cooked beef steak pie, with two vegetables, followed by custard pudding and stewed fruit. For tea there were shrimps and jam.

The Sunday afternoon services, held in the house by the Vicar of the Parish, are attended usually by about 27 patients. Only one patient goes out to Church. About 18 patients engage in some useful form of occupation. Twenty-one patients have occasional carriage exercise. Only one patient has parole, and only two patients, as a usual thing, walk out attended beyond the grounds. Various forms of entertainment are given during the winter months. I was gratified to find that, as the result of the suggestion I made at my visit in May last, an additional piano has been provided for the use of the gentlemen.

The nursing staff comprises 10 men and 15 women for day duty, and 2 men and 3 women for night duty. Of the total number only 5 have under one year's service. Four of the female nurses can count over five years' service.

The case books and the various registers continue to be kept in a thoroughly satisfactory manner.

Otto House, West Kensington, W.14.

November 6th, 1923.

There has been no change amongst the patients since my colleague visited early in October, and the same 25 ladies are still in residence.

I saw all of them, and found them to be comfortable and well cared for in every way.

Their rooms were all warmed and comfortable. One lady shows considerable mental improvement. There has been no use of mechanical restraint, but two ladies have been secluded on four occasions.

The house was in good order throughout, and considerable redecoration has been carried out in the passages.

Peckham House, Peckham, S.E.15.

November 12th, 1923.

Since the visit of October 11th the following changes have occurred among the patients :—

	M.	F.	T.
Admitted - - - - -	3	8	11
Discharged or removed - - - - -	2	6	8
Of whom had recovered - - - - -	—	2	2
Died - - - - -	—	1	1

These changes leave on the books the names of 87 gentlemen and 239 ladies. Of the former, one is absent with permission for 48 hours, and of the latter, 10 are away on leave or trial at various places, while one lady has escaped and has not yet been recaptured, so that to-day there are in residence 86 gentlemen and 228 ladies, making a total of 314 patients. In the course of my visit I have seen them all, and have given to each one an opportunity of conversing with me. They presented a well-cared-for, comfortable appearance, and from none did I receive any complaint as to treatment. The general health of the establishment is very good, only one gentleman and 18 ladies being at present in bed by day. Of the ladies, two were patients who have recently been confined (one of them here) of babies, and one was a patient who has lately sustained a fracture and dislocation of the head of the left humerus, probably caused by a fall which she had while getting off a 'bus when out on parole; but, although she subsequently paid a visit to her brother, she made no complaint of pain to anyone until she returned to the institution. She gave me herself a clear account of what happened. She is doing well. I have satisfied myself as to the propriety of the detention of the 11 patients who have been admitted since the last visit. The death which has occurred was that of a lady, 77 years of age, from fatty degeneration of the heart and bronchitis.

Seven ladies on altogether 238 occasions and for a total of 92 $\frac{3}{4}$ hours, have been secluded; and one lady (the lady who, as mentioned above, sustained a fracture and dislocation of the head of her left humerus) has had to be restrained by a long-sleeved jacket, to prevent her interfering with the bandages, on three occasions for a total of 39 $\frac{1}{4}$ hours.

There are seven gentlemen and 10 ladies residing here as voluntary boarders. One of the former is away, but all the rest I have seen. I consider that two of the ladies who have recently been admitted are unfit to continue upon their present footing.

Three of the patients exhibited marked mental improvement. I had a separate interview with one of them and also with three other patients, who are still insane and unfit for discharge.

The bedding is good and sufficient, and the wards generally were in a satisfactory state and well warmed by good fires. I saw an ample and well-cooked dinner served to some of the ladies.

The alterations and improvements to the ground-floor ward (No. 9), where some of the aged feeble ladies will be placed, are almost completed, and the ward will be occupied next week.

The dining-room of F. Ward No. 10 has been much improved by the installation of electric light.

66 and 67, Marine Parade, Worthing.

May 24th, 1923.

There are at present at this branch establishment on leave from Peckham House and from Northumberland House 20 lady patients.

I have seen them all this morning except two, who are shopping in the town, and have found them happy and enjoying their change.

When I arrived most of them were on the sea front listening to the band, but they were easily brought in to see me. One lady lives here more or less permanently, and has her own nurse. The other 19 ladies are here in charge of Miss Collins, of Northumberland House, who is assisted by four other nurses. Besides the nurses there are the caretakers (a man and his wife) and one maid.

The house is comfortable and kept in proper order.

The Priory, Roehampton.

October 8th, 1923.

The only change that has taken place amongst the patients in this house since the visit by a member of my Board on July 21st last has been the admission of one gentleman, who is a proper subject for detention. There are to-day on the books the names of 88 patients—43 gentlemen and 45 ladies—and of two voluntary boarders—a gentleman and a lady—who may properly continue on their present footing. I have seen them all in the course of my inspection, and have found them generally contented with their treatment, and with very few exceptions in good bodily health, no one at present being dangerously ill.

There was one gentleman who had a superficial wound of the throat which he recently inflicted himself by smashing the looking-glass in his bedroom and then using one of the sharp pieces. He is doing quite well. The personal condition of everyone was thoroughly satisfactory.

One gentleman has improved mentally to a considerable extent, but is still unstable. In the patients' book I refer to five patients with whom I had separate interviews.

Three ladies have been secluded, on altogether five occasions, for a total duration of 22 hours. No one has been mechanically restrained.

I examined the case-books and found them carefully entered up to date, the notes being full and informative.

Excepting the gentlemen's lounge, where the condition of some of the bedding and some of the bedsteads was not satisfactory, I have found the house and its dependencies, with the grounds, in excellent order.

No one has parole beyond the grounds, but two gentlemen and three ladies walk out attended. Carriage exercise is provided for nine gentlemen and seven ladies.

Fifty-two patients engage in some useful form of occupation, 28 usually attend the associated entertainments, but I regret to say that only 17 can be induced to attend the service held in the house by the Vicar of the parish on each Sunday morning.

Excluding the Matron, the Assistant Matron, the head attendant, and one gentleman and five lady companions, the nursing staff comprises as under :—

	M.	F.	T.
For day duty -	19	27	46
For night duty -	7	13	20
	—	—	—
Total	26	40	66

Three of the men and 13 of the women have been engaged during the past year, but as many as 18 of the men and 12 of the women have been here more than five years.

Wood End House, Hayes.

October 11th, 1923.

There have been no changes among the patients since my colleague's visit last July, and there are again the names of 16 ladies on the books, all of whom are in residence, and have been seen by me to-day. Very few of them are able or inclined to converse, but I am satisfied that each is in receipt of due care and attention, and that they are comfortable. The weather having turned inclement and wet, they were all indoors, and good fires were burning in the room in which they were sitting.

No one is at present suitable for parole, but four are taken out for walks, and three go out driving. One lady attends the Parish Church: it is a considerable time since any Divine Service has been held in the house, or, save for a visit a few weeks ago, any clergyman has visited.

Under the Matron and Assistant Matron there are eight nurses, one of whom is on duty by night; they have all had training in mental nursing before coming here.

The house is in good order and affords comfortable accommodation for the ladies here. The grounds are looking very nice, and a great deal of work in them has been done this year in doing up the paths and removing superfluous trees.

Wyke House, Isleworth.

November 10th, 1923.

There are at present on the books of this house the names of nine patients of each sex, and of three voluntary boarders (two gentlemen and a lady), who may properly continue on their present footing. I have seen them all this morning and have found them contented with their treatment, and, as regards their personal condition and dress, in a satisfactory state. Two patients were in bed, but all the others were in good or fair bodily health. None are as yet fit mentally for discharge.

Since my colleague's visit on October 6th, there have been three admissions (two gentlemen and a lady). They are all suitable cases for detention. One of the gentlemen is confined to bed owing to the fracture of the middle of the shaft of the right femur, which he occasioned by throwing himself out of a window before admission. He is doing well. There has been no death or discharge.

No one has been secluded or mechanically restrained.

The renovations and alterations are in active progress. Workmen are busy installing the new hot-water system and electric light for the whole of the building, and a contract was taken yesterday for the structural repairs, sanitary alterations, and redecoration, which are to be effected. There are at present no indoor w.c.'s on the ground floor of the gentlemen's side. Dr. Smith has explained to me his proposals for meeting this defect by converting an old strong room which opens into a bathroom into a closet with three seats. I have discussed these proposals on the spot, and consider that in the circumstances they will be quite satisfactory, and have told him so. He will forward to our office a plan embodying the suggested alterations so that it may receive the official sanction of the Board.

Much has been done, and is still to be done, in the way of renovation and renewal of mattresses and bedding, and I saw a quantity of new linen which has been purchased as well as new cutlery and plated articles for the patients' meals.

At the present time the nursing staff comprises two men for day and one man for night duty on the gentlemen's side; and two nurses and a probationer nurse for day duty on the female side.

APPENDIX E.

ENTRIES BY COMMISSIONERS AT PROVINCIAL LICENSED HOUSES.

Ashbrook Hall, Hollington, St. Leonard's-on-Sea.

March 27th, 1923.

The same six ladies are still in residence here as patients who were here at my colleague's visit last autumn. I have found them receiving proper care and attention and in very comfortable surroundings. One old lady was confined to bed.

No one is able to attend church services or public entertainments. One lady has her parole to walk out alone.

The house and grounds are maintained in very good order.

Ashwood House, Kingswinford.

November 17th, 1923.

Since my last visit two ladies and two gentlemen have been admitted; one lady and two gentlemen have been discharged, and three gentlemen have died from natural causes.

These changes leave on the books the names of 17 ladies and eight gentlemen, and all were in residence and were seen by me this morning.

I found them all to be in good health and to be receiving excellent care and attention.

I paid particular attention to the recently-admitted cases, and satisfied myself that they are properly detained under certificates.

One lady shows considerable mental improvement, though she is still far from well. This patient for a considerable time after admission needed the greatest care and attention, as she was most violent, and was continually doing all she could to destroy herself. She also refused to take any food, and had to be fed regularly by means of a tube. During some of her attacks of violence she sustained four fractured ribs, but whether these were caused by her own muscular action or during struggles with members of the staff it is impossible to say. Dr. Pietersen reported the injuries to my Board at the time of their occurrence, and kept the Board fully acquainted with the progress of the case. This lady is now taking her food well and is gaining in weight. She made no complaints.

Carriage drives are given to all patients who are able and willing to go, some going every week.

Church services are held on Sunday morning by the Vicar or his curate, and these are attended by some 14 of the ladies.

The staff consists of a Matron and five nurses for day and two for night duty, and on the male side there is a charge and three attendants for day and one for night duty.

The house was in good order throughout. The additional building to provide a new sanitary annexe on the gentlemen's side, of which the plans were approved a considerable time ago, is now being erected.

I signed the licence.

Bailbrook House, Bath.

November 20th, 1923.

Since the visit of my colleague in June last two ladies have been admitted and two ladies have been discharged from certificates, but remain here as voluntary boarders. One lady has died of peritonitis. Two ladies have been transferred to other mental hospitals and one has been discharged. These changes leave the names of three gentlemen and 23 ladies on the books, two of the latter being voluntary boarders. I have to-day seen all these patients. The two recent admissions are of

unsound mind and are properly detained under certificate. The two voluntary cases are suitable cases to remain on that footing.

The house is in very good condition, and the rooms were warm and comfortable and particularly bright and pleasant. It is quite evident that the patients are receiving kindly and sympathetic care and that they are individually considered and their wishes met as far as possible. There has been no mechanical restraint. I gave a private interview to one lady. Dr. Margaret Mills has just been appointed to assist Dr. Lavers.

Bishopstone House, Bedford.

September 24th, 1923.

The only changes that have occurred since my visit to this house in April last are the admission of one voluntary boarder (whose case I refer to in my entry of this date in the patients' book) and the death of an old lady from malignant disease.

Including the voluntary boarder previously referred to, there are now 10 ladies resident, all of whom are in good health and properly cared for.

The house was comfortable and maintained in good order.

Boreatton Park, Baschurch.

November 14th, 1923.

I have to-day paid the second visit of the year to this House on behalf of my Board and have found it generally in good order, although many parts of the gentlemen's side are in need of redecoration and renovation.

Since my visit in April three gentlemen and one lady have been admitted; one gentleman has been discharged to other care, and one gentleman has died from natural causes.

I found to-day on the books and in residence five gentlemen and ten ladies as patients, and one gentleman and two ladies as voluntary boarders.

The general health of the patients was good, and they appeared to be receiving proper care and attention.

Brislington House, Bristol.

October 30th, 1923.

Since my colleague visited in January last, 17 ladies and nine gentlemen have been admitted; nine ladies and four gentlemen have been discharged, four of the ladies having recovered; and two of each sex have died from natural causes.

These changes leave on the books as patients the names of 46 ladies and 35 gentlemen, and all were in residence, except one lady and one gentleman who were away on leave.

There were also five ladies residing in the house as voluntary boarders, who may properly remain as such.

I saw all in residence, and found them to be contented and comfortable, and to be receiving proper care and attention.

The recently admitted patients are properly detained.

I had private interviews with three ladies, none of whom are fit to be discharged.

There has been no use of mechanical restraint, but it has been necessary to seclude one gentleman on eight occasions for a total of 96 hours.

There are at present seven patients and two boarders at Heath House, and the remainder are in the main building.

The patients' rooms, many of which have recently been redecorated, are well warmed, comfortable and well-kept.

Dr. Rutherford still has the assistance of Dr. Isabel Gordon.

Court Hall, Kenton, Exeter.

August 10th, 1923.

There has been no change among the patients and boarder whose names are on the books of this house since my colleague's visit in February.

Three ladies are out for the afternoon, and have not been seen by me. I have seen the other five, and found them receiving proper care and attention in very comfortable surroundings.

The house is in its usual excellent order, and the garden and grounds were looking very bright.

The Retreat, Fairford, Glos.

October 24th, 1923.

The only changes that have occurred in this house since my visit in March last have been the discharge on transfer of one gentleman to other care and the admission of three lady boarders. These changes leave on the books the names of 18 gentlemen and 26 ladies as patients, and five ladies as voluntary boarders. To two gentlemen and two ladies I gave private interviews on request; their names are in the patients' book. None of them are fit for discharge. I also paid close attention to one of the voluntary boarders whose case presented some difficulty; the rest of the persons in this class may remain for the present on that footing.

The patients appear to be receiving all necessary care and attention, and were comfortable and for the most part contented. Practically the whole of the female side of the house, including "The Orchard," has been redecorated, and similar attention has been paid also to part of the male side. The house generally was in excellent order.

The general health of the institution is good, and has been during the interval since my last visit.

The staff consists of a Head Attendant and three others on the gentlemen's side, and a Matron and five nurses for the ladies.

Fiddington House, Market Lavington.

October 19th, 1923.

Since my last visit, six gentlemen and eight ladies have been admitted as patients, and five gentlemen and three ladies as boarders, two of each sex of the latter being certified and included in numbers of patients admitted. There were three ladies discharged, two of them owing to lapsed orders, who were subsequently readmitted as patients. One voluntary boarder has died from natural causes.

There are now on the books the names of 11 gentlemen and 16 ladies as patients, and of one gentleman as a voluntary boarder. One lady was out during my visit, but I have seen all the others in residence. The newly-admitted cases are properly detained, though one gentleman and two ladies show considerable mental improvement. The gentleman boarder is without any volition, and does not understand his position. He should be removed or placed under an order.

Generally, the patients appeared to be content, and were free from complaints other than arising from their mental condition.

There has been no use of mechanical restraint, but one gentleman has been secluded twice and five ladies on 24 occasions owing to their violence.

The general health is good, nobody being confined to bed to-day.

The condition of the patients' rooms generally is satisfactory, and they are tidily kept and are comfortable.

Notices should be posted up in accordance with Section 42 of the Lunacy Act, on both sides of the house.

Three gentlemen and six ladies have their parole to walk out unattended, and the others are taken for walks.

Divine Service is held daily on week-days in the house, and on Sunday evenings. On Sunday mornings Mr. Benson takes five patients with him to a neighbouring church.

The staff consists of three attendants on the male side, and a head sister and four nurses on the female side. One of the latter doing night duty.

Dr. F. R. N. Nelson has succeeded Dr. Veale as visiting medical officer, and I had the advantage of meeting him to-day, as well as Colonel Benson, who had come over from Laverstock.

Glendossill, Henley-in-Arden.

November 30th, 1923.

Since my last visit 14 ladies and five gentlemen have been admitted; 12 ladies and 10 gentlemen have been discharged; and two ladies and three gentlemen have died from natural causes.

To-day there were on the books the names of 24 ladies and 10 gentlemen and all were in evidence and were seen by me, except one gentleman, who was out walking. I found them to be comfortable and well cared for, and I received no complaints as to their treatment. I satisfied myself that the newly-admitted patients are properly detained.

I had a private interview with one lady.

Three ladies were in bed, and as their rooms were on the cold side, I suggested that they should all occupy one room, in which a fire could be kept burning.

The house was in good order.

The official books should be kept up to date.

The Grange, Rotherham.

July 17th, 1923.

Since March 23rd there have been five admissions, and five ladies have been discharged or transferred to other care, two of whom had recovered. There are to-day on the books in residence 17 ladies, all of whom we have seen. We have satisfied ourselves that the ladies who have lately been admitted are rightly detained. Two ladies also are here as voluntary boarders. One was out driving. The others we have seen, and for the present she may remain in that position, but her case will necessitate careful watching. The house is in very good order, and the ladies appear to be in receipt of due supervision.

We thought more attention might be given to the ladies' toilet requisites. The brushes and combs that we saw were not all that could be wished. One lady has been secluded for short periods. There is no record of any mechanical restraint. Religious services are held in the house every fortnight. Some ladies attend a neighbouring church on Sunday. There are frequent carriage drives for the patients. Those who are able go for walks under care, and two have parole.

In addition to the Matron, there are five nurses for day and two for night duty.

Greta Bank, Burton-in-Lonsdale.

September 3rd, 1923.

I have to-day paid the second visit of the year on behalf of my Board to this house. On my visit in March I called attention to the need of redecoration and the dampness of some of the walls. Since then, so far as I could judge to-day, nothing has been done to improve the condition. Consequently, the ladies living here will have to face another winter under the present discomfort. It is idle for Commissioners to visit if their suggestions are systematically disregarded.

I observe that the Visitors at their visit in May say that the repairs are being attended to. I could find no trace of anything having been done.

There are still the same 10 ladies residing here as patients who were here when I visited in March. There was not much sign of mental improvement in any of the ladies, but their general health seemed to be good, and no one was confined to bed.

The Grove, Catton, Norwich.

October 26th, 1923.

I found, as usual, everything in excellent order. The patients, all of whom I have seen, were evidently most carefully and kindly treated, and when occasion calls for it, well nursed. Since I was here in April there has been six admissions, three discharges, and one death from natural causes. To-day there are on the books and in residence 19 ladies as patients and two as voluntary boarders.

The lately admitted cases are rightly detained.

Two ladies have been mechanically restrained to prevent self-injury on six occasions for 31 hours in all.

Three ladies are confined to bed, but the general health is good.

Grove House, All Stretton.

November 15th, 1923.

I have found this house in very good order at my visit to-day and the patients receiving all proper care and attention.

Since my visit in April seven ladies have been admitted, three discharged, one upon recovery, and two have died from natural causes.

There were to-day on the books and in residence 32 ladies as patients and three as voluntary boarders.

The recently-admitted patients now in residence are proper cases for detention, and, with one exception, I have no doubt that the boarders are suitable to remain on that footing. As regards the exception case, I made some observations in the patients' book.

I had a private interview, at her request, with one lady who is not at present fit for discharge.

Haydock Lodge, Newton-le-Willows.

November 28th, 1923.

I have to-day paid the second visit of the year on behalf of my Board to this house, and have been very pleased with the manner in which it is being administered.

Since my visit in March further improvements have been carried out at the west wing. A new and spacious verandah has been erected, which will provide excellent facilities for the open-air treatment of the lady patients. The dining-room and observation ward in this wing have been redecorated in good taste. Various administrative improvements have been carried out in the kitchen and laundry, while a new bakehouse has been erected outside the kitchen.

I found the patients of both sexes quiet and contented, and received no complaints on the ground of treatment. Several of them went out of their way to express to me their appreciation of the conditions under which they are living.

The general health of the establishment was good. Eleven gentlemen and 16 ladies were confined to bed, the majority of these being there for treatment of their mental disorders or for debility, and not for acute illness.

The following changes among the patients have occurred since my last visit :—

	M.	F.	T.
Admissions - - - -	23	39	62
Discharges, or removals - - -	19	23	42
Discharges upon recovery - -	9	13	22
Deaths (all from natural causes) -	6	13	19

There were to-day on the books the names of 61 gentlemen and 68 ladies as patients, and of seven gentlemen and eight ladies as voluntary boarders. One gentleman and one lady patient are away on leave or trial.

While there is no recorded use of seclusion, there has been a considerable amount of mechanical restraint. The majority of this has been employed in three female cases, with a view to curing them of undesirable habits, and Dr. Wootton informs me that, in his opinion, this treatment has been very largely successful.

A conservatory has been erected in front of the house, which, while adding to the general amenities, in no way interferes with the comfort of the patients. This has taken the place of the old conservatory in front of the gentlemen's quarters.

The newly-admitted patients now in residence are proper cases for detention.

I signed the licence.

Dr. Wootton has had reason to dismiss the Matron, under circumstances which he has reported to my Board.

Heigham Hall, Norwich.

October 26th, 1923.

Since my previous visit in April of this year the west wing and the gentlemen's sleeping apartments have been renovated, but there are still some parts of this division of the house and of the ladies' rooms which require attention, and at no distant date.

As a result of the changes which have taken place, five gentlemen and two ladies admitted, one gentleman and three ladies discharged or removed, of whom three had recovered, and one death of each sex from natural causes, there are to-day on the books 19 gentlemen and 38 ladies. One gentleman and two ladies are on leave or trial, so that there are in residence 36 ladies and 18 gentlemen, whom I have seen.

I had no complaints, and the patients appeared to be in receipt of due care. Three gentlemen and five ladies were in bed.

I satisfied myself that the newly-admitted cases are properly detained.

There are also here as voluntary boarders two gentlemen and 14 ladies, as to whom I have made some remarks in the patients' book.

There is no record of seclusion or mechanical restraint.

Kingsdown House, Box, Chippenham.

October 29th, 1923.

Since my colleague visited in June last eight ladies have been admitted and seven ladies have been discharged. There have been no deaths.

These changes leave on the books the names of three gentlemen and 26 ladies as patients, and there are also residing in the house three ladies on the footing of voluntary boarders. I saw all in residence, and found them to be well cared for in all ways, and to be generally contented with their surroundings.

I received no complaint from anyone.

The newly-admitted patients are properly detained under certificates, and all the boarders may properly remain as such.

There has been no use of mechanical restraint or seclusion.

The patients' rooms were well warmed, and are comfortably furnished and well kept. Some of them have recently been redecorated, and some others are badly needing attention.

Laverstock House, Salisbury.

October 26th, 1923.

Since the visit at the beginning of May three gentlemen and eight ladies have been admitted as patients, and four gentlemen and six ladies as voluntary boarders. One gentleman and three ladies have been discharged, two of the ladies on recovery; one gentleman died from natural causes; two gentlemen and three lady boarders also left, one of the former being certified and admitted as a patient. There are now on the books the names of 22 gentlemen and 34 ladies as patients, and two gentlemen and five ladies as boarders. All are in residence, and have been seen by us. They appeared to be receiving proper care and attention in comfortable surroundings. We think that two of the ladies are not fit to remain on the footing of voluntary boarders, and should be removed or certified.

We received no complaints, and the patients of both sexes seemed very contented.

There has been no mechanical restraint used, but three ladies have been secluded on 11 occasions on account of their violent behaviour.

The sitting-rooms and bedrooms are in very good order, a good deal of redecoration and renovation having recently been carried out. The bungalow in the garden has been done up throughout, and three gentlemen are residing there. The door referred to in the last entry has been put in the gentlemen's lower quarters and the garden in front railed off. The trapdoor outside the gentlemen's observation dormitory on the top floor for fire-escape purposes should be kept in working order, and keys giving access to bath taps should be kept locked up.

The general health of the establishment is good, nobody being in bed.

Littleton Hall, Shenfield, Essex.

December 17th, 1923.

I found this house in good order on my visit to-day, and the patients comfortable and well cared for in all respects.

Since my colleague's visit in October, 1922, 13 ladies have been admitted and 10 discharged.

There have been no deaths.

The names on the books to-day numbered 22, all being patients now in residence.

In addition to the 13 patients admitted, 6 voluntary boarders have been received, and 7 have left, the seventh being a lady who was here previous to my colleague's visit.

The health of the house has been uniformly good throughout the year, the only sicknesses having been of a minor character.

I received no complaints, and patients generally appeared to be contented.

The staff consists of a matron, assistant matron, and 16 nurses, 5 of whom are on night duty.

Malling Place, Kent.

September 23rd, 1923.

Since last March, when this establishment was visited by one of my colleagues, the only changes—omitting the technical discharge and re-admission of one case, owing to irregularity in the documents—have been the admission of three of each sex, and the discharge or transfer to other

care of four gentlemen, two of whom had recovered. All the beds for which this house is licensed are at present occupied, and there are now on the books the names of five gentlemen and 34 ladies—two of the former and one of the latter being here upon a voluntary footing, and seem to me to be both suitable cases for that status.

All 39 patients are in residence, and have been seen by me to-day. Several spoke to me with reference to their discharge, and into their cases, as well as those of the four of the newly admitted patients still here, I carefully inquired, and satisfied myself as to the propriety of detention.

No one made any complaint to me as to treatment, and from the remarks of several, as well as the good relations that seem to exist between patients and staff, I believe that they are all both kindly treated, as well as in receipt of due care and attention.

Neither seclusion, nor mechanical restraint, has been employed.

The nursing staff under the matron, comprises two male nurses, both for duty by day, and seven women nurses for day duty, and two at night. Only one of these—the charge nurse, on the female side—is in possession of the Certificate of the Medico-Psychological Association.

Some improvement in the floor of the ladies' bath-room is under consideration. I thought the walls of the two sitting rooms used by female patients of the least favourable type, in need of renovation. Otherwise, the house throughout seemed to me in good order, and the many fires burning in the various rooms provided a pleasant air of comfort on what was a very inclement day.

Middleton Hall, Middleton St. George.

July 21st, 1923.

Many of the ladies and all the gentlemen, except one, were out in the gardens when I visited this house to-day. They appeared to be in receipt of proper attention and supervision, and I had no complaints of any kind from any of the patients. The house is in good order.

Since March 21st, there have been two admissions, two patients have died, and four ladies have been discharged, leaving on the books the names of 7 gentlemen and 26 ladies. Three of those discharged have recovered. A lady is also residing here as a voluntary boarder. One lady was out walking, and one is absent on trial. The others I have seen, and have satisfied myself that the new cases are rightly detained. Some of the gentlemen go for walks under care, as also do some of the ladies, and some have carriage drives once or twice a week.

One lady has parole.

Divine Service is held on every other Sunday afternoon.

The staff consists of one attendant and two nurses for day, and one for night duty on the gentlemen's side, and for the ladies, there are in addition to the matron, six nurses for day and one for night duty.

There is no record of any mechanical restraint, but one gentleman and two ladies have been in seclusion on 11 occasions for 91 hours in all.

The Moat House, Tamworth.

November 28th, 1923.

Since my last visit, one lady has been admitted, and, as there have been no other changes amongst the patients, there are now on the books, the names of seven lady patients. One of these was away on trial, so that only six patients were in residence. There is also one lady residing in the house as a voluntary boarder, but she, as well as two of the patients, were out, and I did not see her. The newly admitted lady is properly detained. I found the house in good order, and the patients to be receiving proper care and attention. Their rooms were comfortable and well warmed.

Three of the ladies take driving exercise, and most of the others are able to go out into the garden. The staff consists of three nurses for day and one for night duty.

Northwoods House, Winterbourne, Bristol.

January 16th, 1923.

Since my colleague's visit three months ago, two gentlemen and three ladies have been admitted as patients, and one of each sex as voluntary boarders, the lady being subsequently certified as a patient. Two of each sex have been discharged, three of them on recovery; one gentleman has died, the result of his having dived through a window. This death was the subject of a coroner's inquest, and was reported to and considered by my Board at the time.

There are on the books to-day, the names of 10 gentlemen and 19 ladies as patients, and of two gentlemen and one lady as boarders. One lady patient is away on trial. I have seen all who are in residence, with the exception of one gentleman, who is out walking. I have found them all receiving proper care and attention, and consider that the newly admitted patients are rightly detained, and the voluntary boarders proper subjects to remain at present on that footing. The house generally is in good order. The alteration of the heating arrangements is nearly completed on the gentlemen's side, and has begun on the ladies'. There has been no use of mechanical restraint; one lady has been secluded once for a short period.

Divine service is held by the Rector of the Parish on Sunday afternoons, when 10 of the gentlemen and 14 of the ladies are usually present. About the same number attended the associated entertainments. Three gentlemen and two ladies walk out alone beyond the grounds, and six gentlemen and eight ladies go out attended.

The nursing staff consists of six attendants for day and one for night on the gentlemen's side, and eight nurses for day and one for night duty with the ladies.

Oaklands, Walmersley, Bury.

November 28th, 1923.

I have to-day visited this house, and seen ten ladies, whose names are on the books as patients. All appeared to be in good health, well cared for, and comfortable. Amongst others, I saw one lady who has been admitted since my colleague's visit in March last. The house was in good order. I have seen and signed the licence which has been granted this month.

The Old Manor, Salisbury.

October 26th, 1923.

Since our visit to this house at the beginning of May, the following changes have taken place among the patients:—

	M.	F.	T.
Patients admitted - - -	132	48	180
„ discharged or removed -	14	26	40
„ recovered - - -	5	10	15
„ died - - -	6	6	12
Boarders admitted - - -	4	14	18
„ left - - -	4	7	11
„ of whom admitted as			
patients - - -	1	6	7
„ died - - -	1	—	1

These changes leave on the books the names of 265 male and 207 females as patients, and of 7 males and 13 females as voluntary boarders. Of the 132 patients admitted since our last visit, 109 are ex-Service men transferred from other mental institutions under the arrangement with the Ministry of Pensions referred to in our last entry. There are now on the books the names of 153 ex-Service patients and 8 officer patients, chargeable to the Ministry of Pensions, and 10 old soldiers, paid for by the War Office.

One gentleman and four lady patients are on leave or trial; the remainder of the patients and the voluntary boarders have been seen by us during the course of our visit. We consider that three ladies whose names we give in the patients' book are not fit to remain as boarders, and should be removed or certified. We have found them receiving proper care and attention, and apart from appeals for discharge, we did not receive any complaints as to treatment, which were not the result of their mental state. To three gentlemen and four ladies, whose names we give in the patients' book, we gave private interviews. One of these ladies complained of some harsh treatment by one of the charge nurses, and a night nurse, but on investigation we have come to the conclusion that there is no foundation for the complaint.

In order to accommodate the "Service" patients, some transfer of wards from the female side to the male side has taken place, numbers 12, 13 and 16 having been so transferred. The greater majority of these patients are warded by themselves in wards 5a, 12, 13 and 17. Many of them expressed their appreciation of what is being done for them, and only two or three desired to return to the institution from whence they came so as to be nearer their friends. Renovation and enlargement of the tailor's and bootmaker's shop is to be taken in hand, and the old billiard room of ward 10 is to be converted into a workshop for basket-making and mat-making—giving accommodation in these shops for 30 to 40 patients. At present some 50 service patients are engaged at work—43 in the grounds, gardens and farm, and 7 in the shops.

Work at present in hand includes the putting in of bow-windows in ward 16, adding a new bath room to ward 20 and alterations to the boiler house in the main building.

Wards 7 and 8 have been completed since our last visit, and are now in occupation by lady patients. They presented a bright and well-furnished appearance. The wards generally are well kept, and were in good order. In ward 5, on the gentlemen's side, we think that the small dark single room should be closed and not used.

The ward garden of Nos. 7 and 8 on the ladies' side has been much improved, but we think a division should be made in it, so that the more noisy and degraded patients should be kept apart from the others. The paths of Court 4 appear to want re-gravelling.

The wards now in use for the gentlemen patients are:—5, 5a, 6, 10, 10a, 9 and 11, 12, 13, 16 and 17, giving accommodation of 298 beds. Those in use by the ladies are: 4, 7, 8, 14, 18, 19, 20, and "Llangarran" with a total of 252, or 550 in all.

The general health is good, and all the 13 deaths during the period under review were from natural causes. There has been no use of mechanical restraint, but 22 gentlemen and 14 ladies have been secluded on 56 and 90 occasions respectively for a total of 4,278 hours. We found three ladies in seclusion during our visit on account of their mental state.

Parole to walk out alone beyond the grounds is given to 63 of the gentlemen and 39 of the ladies, 25 other gentlemen and 50 other ladies walk out attended.

The nursing staff consists of 27 male nurses and 29 female nurses for day duty and of 4 male and 5 female nurses for night. Arrangements have now been made, whereby extra nurses are on duty between 8 and 10 p.m. in case of emergency.

Dr. Martin has the assistance of Dr. Westrup and one temporary medical man.

Peritean House, Winchelsea.

September 28th, 1923.

Since my colleague was here, in last March, three patients have been admitted, two of them on a voluntary footing, both of whom have left, as well as two of the other three, one on recovery and one being transferred to other care. There have been no deaths, so that there are now on the books the names of four ladies, all under certificates, and all of them are in residence and have been seen by me to-day. Each of them is, in my opinion, properly detained, and I am well satisfied that they are in receipt of due medical attention and careful and kindly nursing. Seclusion has not been employed, but on six occasions for short periods one lady has been restrained by the use of the long-sleeved jacket. One of the ladies is at present well enough to be accorded parole.

The nursing staff consists at present of four nurses, none of whom just now is on continuous duty by night.

The house throughout is in very good order, and possesses an air of comfort. The garden, too, is looking very attractive.

Dr. Baird is at present away in Scotland, but Mrs. Baird kindly accompanied me round and gave me all the assistance I required.

The Pleasaunce, York.

March 22nd, 1923.

Since the last visit by a Commissioner, paid on November 17th, 1922, two patients have been admitted who are rightly detained, two have been discharged, one on recovery, and one patient has died at the age of 75 from cerebral hæmorrhage and softening. There are to-day on the books the names of 11 patients. I have seen them all, except one lady, who is out with a nurse, and have found them in good bodily health, neatly dressed, and otherwise giving every evidence of being well looked after and properly treated. I had no reasonable complaints.

During the period under review one patient has been secluded on one occasion for eight hours. No one has been mechanically restrained. No patient gives promise of early mental recovery.

The house is in fair order. No doubt the shortness in the number of patients prevents the carrying out of certain renovations which are obviously required.

Plympton House, Plympton.

November 1st, 1923.

Since my last visit one lady has been admitted and two ladies and one gentleman have been discharged, one of the ladies having recovered. There are now, therefore, the names of 18 ladies and five gentlemen on the books, and all were in residence to-day, except one lady, who was away on trial. There is also one gentleman residing in the house as a voluntary boarder, who may properly remain as such.

I saw all in residence and found them to be contented and to be receiving proper care and attention. One gentleman shows considerable mental improvement.

There has been no use of mechanical restraint or seclusion.

The newly-admitted lady is properly detained.

The staff consists of six female and three male nurses for day and of two female and one male nurse for night duty.

The house was in good order throughout.

St. George's Retreat, Burgess Hill.

August 27th, 1923.

Since the visit of my colleague last May the only changes among the patients have been the admission under certificates of one patient and the voluntary admission of another; the discharge relieved of two to their

friends, and the death from natural causes of one patient. These changes leave on the books the names of 70 patients, including six who are here at their own request, all of whom are suitable cases to remain upon a voluntary footing; and the newly-admitted patient under certificates is, I am satisfied, properly detained.

Five ladies are at present on leave at Brighton, so that the total number in residence is 65, all of whom I have seen, with the exception of one, who is out for the day with her sister.

A few patients, each of them obviously of unsound mind and unfit for discharge, urged the question of their discharge. Otherwise I had no complaint of any kind from anyone, and several, especially some of those who are here upon a voluntary footing, and whose testimony is, perhaps, therefore the more valuable, spoke in highly appreciative terms as to their contentment and as to what is done for their care and comfort.

During my visit I had the advantage of being accompanied by the Mother Superior and by Dr. Pennefather, and, from the full information I was able to receive from them, I am thoroughly satisfied that each patient is in receipt of much individual thought and attention.

One lady is allowed parole, and I am glad to learn that this privilege is accorded to anyone who can be trusted, otherwise the statistics as to attendance at Divine Service, employment, exercise and recreation are practically the same as recorded last May.

The staff comprises 35 sisters for day duty and three by night. Of the latter, one is continuously on duty in respect of one patient, and the other two patrol the various rooms and dormitories.

The establishment throughout is in excellent order. Some extra hose and fire-appliance fittings are on order, and arrangements are in progress whereby the staff will be drilled as to what is requisite in case of fire emergency, pending the arrival of the local Fire Brigade.

St. Augustine's, Brighton.

March 5th, 1923.

I have this morning seen the only two ladies who at present are here on leave from St. George's Retreat. They have both been here for a number of years and are very suitably placed, the accommodation provided for them being most comfortable. Mentally they are unchanged, and are both quite unfit for discharge. Their bodily health is good. They are treated with much kindness and every consideration.

St. Mary's House, Whitchurch.

November 14th, 1923.

I have to-day visited this house and seen the one patient on the books. She continues to be very well looked after and to enjoy good bodily health.

To-day she was in bed, as is her practice one day a week.

The arrangements for her care are most suitable.

Shaftesbury House, Formby.

September 19th, 1923.

Since my visit to this house, in February last, eight patients have been admitted—two gentlemen and six ladies—seven have been discharged—two gentlemen and five ladies—and two ladies have died. Special attention has been paid to-day to the newly-admitted cases, who are all properly detained. Of the discharges one was released on recovery, five relieved, and one not improved. Both deaths were due to natural causes.

These changes leave on the books the names of 35 patients, nine being of the male and 26 of the female sex. In addition, there are two lady boarders who are suitable to remain on that footing. All these patients

are in residence, and all have been given the opportunity of speaking to me. One or two applied for their release, which in no case could properly be given, otherwise there were no complaints. Patients generally were contented, housed under comfortable conditions, and presented the appearance of being properly cared for.

I paid particular attention to-day to the bathing arrangements, especially on the ladies' side of the house, with very satisfactory results. The three bathrooms on that side were clean, well fitted and modern in all details. I satisfied myself that, whilst a weekly bath was insisted upon, ladies could use the bathrooms (provided they were fit for this privilege) as often as they desired, and that a fair number availed themselves of this opportunity daily. Each patient has her own towel for ordinary use, and special ones are provided for bathing purposes. Exactly the same arrangements obtain on the male side.

Four gentlemen employ themselves in the gardens, and a few of the ladies in the wards. Many of the latter were engaged in knitting and sewing work of their own. Outdoor and indoor games are provided for those who wish to use them.

Three ladies have required mechanical restraint, in the form of gloves or jacket, for violent or destructive behaviour, on 88 occasions for a total of $726\frac{1}{2}$ hours, and one lady has been secluded for one hour on one occasion.

The staff consists of a matron, a charge nurse, six ordinary nurses for day and two for night duty on the female side, and on the male side a head attendant, with two ordinary attendants for day and one for night duty. The members of the staff on duty to-day appeared to be capable and generally efficient.

Dr. A. D. Thompson, the resident medical officer, accompanied me on my visit, showing a thorough knowledge of his patients; and Dr. Gill was also available during the whole time.

The Silver Birches, Epsom.

September 20th, 1923.

There has been no change amongst the patients since my visit in January last, but on calling this afternoon I found only three ladies in residence, the other six being away with Miss Daniel, at Bognor, for a month's holiday.

The three in residence were in good physical health, but one lady was in bed because of her mental condition. They were receiving proper attention.

One lady has been restrained by means of a linen jacket on nine occasions, but there has been no use of seclusion.

Parts of the house are needing redecorating, and I understand this will be undertaken before long.

Springfield House, Bedford.

September 24th, 1923.

The changes that have occurred since my last visit comprise the admission of five patients (males two and females three), and the discharge of six, equally divided as to sex. Of the six patients who have left four were released on recovery. There were to-day on the books the names of 18 gentlemen and 28 ladies, all of whom (with two exceptions) have been seen by me. The two exceptions were both ladies—one away for a few days at the seaside and the other absent on leave for trial. The general health of patients is good, and there was an air of contentment which was pleasing to note. Many of the gentlemen were assisting in garden work. Twenty-one persons are usefully employed. The house and grounds were in excellent order.

About 30 persons usually attend Divine service, and the same number associated entertainments.

Four patients walk alone beyond the grounds and 17 attended.

The staff now consists of six attendants and 10 nurses for day and one and three respectively for night duty. The staff appears to be capable and efficient.

There is no record of mechanical restraint.

Stretton House, Church Stretton.

November 15th, 1923.

This house is well maintained and the patients are receiving every care and attention.

Since my visit in April a good deal of redecoration and general renovation has been carried out.

During the same period four gentlemen have been admitted, five discharged, two on recovery, and two have died from natural causes.

There were to-day on the books the names of 29 gentlemen as patients and of three as voluntary boarders, as to one of whom I made some observations in the patients' book.

The newly-admitted patients now in residence are properly detained.

The general health of the inmates was good, none being confined to bed.

Several of the gentlemen are of the troublesome, impulsive type, for whom various short periods of seclusion have been necessary.

There is no recorded use of mechanical restraint.

Col. Watson was away to-day; in his absence I received all the information I required from Dr. Audrey.

I have signed the licence.

Ticehurst House, Ticehurst.

September 17th, 1923.

Since my colleague's visit, last March, 13 patients have been admitted—six gentlemen and seven ladies—of whom one of the former and four of the latter were on a voluntary footing. Four gentlemen and three ladies have been discharged or transferred to other care; one of each sex have died, both deaths being from natural causes; and four voluntary cases have left, besides whom two, being unfit for that footing, were placed under certificates.

These changes leave in the books the names of 89 patients—42 gentlemen and 47 ladies—of whom one gentleman and two ladies are here voluntarily, and appear to be proper cases for that footing.

Besides two gentlemen whom I saw at The Ridgeway, eight gentlemen and seven ladies are on leave at West Cliffe or in other care. There are thus, including the three voluntary cases, 32 gentlemen and 40 ladies in residence, all of whom I have seen.

Practically no one raised the question of discharge, and from none did I have any complaint as to treatment; and, from the appreciative remarks I received from several as well as from my own observations, I am well satisfied that they are all in receipt of much careful medical consideration as well as kindly nursing.

Neither mechanical restraint or seclusion has been employed. To five gentlemen and three ladies parole beyond the grounds is accorded, and in all about 52 go out attended. Weekly Divine Service in the chapel is attended by about 21, and the associated entertainments by some 34.

The general health of the patients continues to be good. Of the few in bed, no one was seriously ill, and there has been absence of any infective disorders, nor have there been any casualties.

Apart from the officers, the nursing staff comprises 33 male and 42 women nurses for day duty, and six of the former and 17 of the latter for duty by night.

The house throughout is in very good order. A number of sanitary improvements have been effected. Other structural alterations are in progress, and a new hot-water system is under consideration. The many private sitting-rooms, I thought, presented a particularly bright and attractive appearance.

I made a number of inquiries about the dietary, and am very glad to learn that a substantial amount, including all the pork and most of the mutton, is produced from the farm.

West Cliffe, St. Leonards.

March 26th, 1923.

There are at present six patients of each sex residing at this Branch House on leave from Ticehurst House.

Only two of the gentlemen and three of the ladies were in at the time of my visit, as it was a very fine morning, the others were out walking.

The house is tidy and comfortable, but a good deal of redecoration is due, and I hope when it is done, opportunity will be taken to instal electric light. At present, the only means of lighting most of the bedrooms is by candles, the rest of the house being lit by gas.

Tue Brook Villa, Liverpool.

September 19th, 1923.

Since my visit to this house in February last, ten patients have been admitted, (five of each sex), and two gentlemen and three ladies have been discharged. Of the discharged, two were released on recovery, and the remainder on transfer to other care. There have been no deaths.

With the exception of some ordinary colds, the general health of the patients is, and has been, very good. They appeared to be well cared for and contented. All newly admitted cases are properly under control, and the voluntary boarders (two ladies) suitable for treatment on that footing.

Some notes are made in the patients' book concerning a gentleman for whom application may be made for transfer to single care.

Some redecoration has been carried out, and the house generally was in good order.

Wye House, Buxton.

July 12th, 1923.

Since the last visit on February 24, two ladies have been admitted, one has been discharged transferred to other care, and one lady has died from natural causes. There are, to-day, on the books, 9 gentlemen and 12 ladies. One gentleman is absent on trial. The others I have seen, and have satisfied myself the new cases are rightly detained. A lady is here as a voluntary boarder, and may so remain. There is no record of seclusion or mechanical restraint. The house is in good order. The ladies and gentlemen were, for the most part, in the garden, and all appeared to be in receipt of due care and attention.

APPENDIX F.

REPORTS OF VISITS BY COMMISSIONERS TO METROPOLITAN DISTRICT ASYLUMS.

1. *Caterham Mental Hospital.*

November 23rd, 1923.

As the result of a full day's inspection of this hospital, I can report most favourably of the condition in which I found it, and of the way in which the patients are treated.

The re-arrangement of the patients in the various Metropolitan Mental Hospitals is still being continued, but probably some time must elapse before the new classification is thoroughly carried out. Most of the older men have been removed, either to Tooting or Leavesden, but there are still a number of old women waiting to be transferred to the same institutions. The vacancies obtained by the removals so far effected have been filled by the admission of younger patients of both sexes, and I understand that there are no longer any children under 16 years of age left at Leavesden. The majority of these younger patients are of low grade, but there are a number of young adults who are quite capable of being trained in useful occupations.

The following table shows the present population of the hospital classified according to sexes, ages and to the Act under which they are detained :—

—	Certified under the Mental Deficiency Act.			Certified under the Lunacy Acts.			Total Patients.	
	M.	F.	T.	M.	F.	T.	M.	F.
Over 16 years of age	184	140	324	497	667	1,164	681	807
Under 16 years of age	246	53	299	149	49	198	395	102
Total patients	430	193	623	646	716	1,362	1,076	909

Of this total, nine males and one female were away on leave, so that there were actually in residence, and were seen by me, 1,975 patients. One of the men is classed as a private patient, and ten males and twelve females are chargeable to out-county unions; twelve being chargeable to Kingston, three to Dartford, and seven to Surrey. There are vacancies for 22 males and 28 females.

I found the patients' quarters, dayroom, dormitories and their annexes, in good order and well kept, but some of the rooms were not sufficiently well warmed, especially on the female side, and those which the younger children were occupying, and I thought the central heating needed attention. This also applies to the large room where the older boys are engaged in occupational training.

The patients were suitably clothed, though, probably owing to the recent admission of young patients, there appeared to be some shortage of stock for the boys, and I thought a lighter form of boot and slippers should be provided for the younger children.

They appeared to be in very good general health and well nourished, and from none did I receive any complaint as to their treatment.

I was glad to see that a number of the boys are being nursed by female nurses and hope that this system will be largely increased, especially for those who now occupy A block, though I fully recognise the difficulties involved in replacing male attendants. Male attendants, however good, cannot possibly give the same care as sympathetic nurses can to young low grade defectives, many of whom need constant attention owing to their faulty habits, and I am sure that the patients' mothers and friends would have much greater confidence in the way their children were being cared for if they knew that female nurses were in charge of them.

I saw some 105 children of both sexes in school under a teacher who has had experience with defectives in other institutions and schools assisted by six nurse attendants and one male attendant. Miss Wingate, of the Central Association for Mental Welfare, who has been down to organise the school and give it a thoroughly good start, was also present, and I was very much struck by the progress that has already been made, and by the excellent methods that have been adopted.

I also saw some 87 older boys being trained in shoe-making, tailoring, rug and cord making, and carpentering, under a staff of attendants who are

all skilled men, and was again most pleased with the eagerness of the patients, and with the good work that they are doing, and have already done. I was also glad to hear that gardening is being taught to others who are more suited to out-door occupations.

It was most pleasing to note the wish for progress held by everyone throughout the staff, from the medical superintendent downwards, for, while this spirit prevails, there is no doubt that the institution will continue to progress and that, though the buildings are by no means ideal for the accommodation of young low grade defectives, in time it will be so developed that it should become not only an excellent place for the care and nursing of, but also one of the best training grounds for such cases. Unfortunately, though the general health of the patients is at present good, there has been a considerable amount of epidemic diseases amongst the patients during the past year. Scarlet fever has attacked 85 patients, 45 males and 40 females; dysentery, 40 males; influenza, 26 males and 6 females, besides 43 members of the staff; and there have been 5 cases of erysipelas; 2 of enteric fever; and one of diphtheria. To-day, the institution has a clean bill of health, except for the two patients who have not yet recovered from the enteric fever. In only one case of influenza and one of scarlet fever was there a fatal result, and when the class of patient being dealt with is considered, I think it speaks well for the nursing and care bestowed on the sick that the results were no worse.

The numbers at present known to be suffering from tuberculosis are 22 males and 9 females, and this disease was the cause of death in 9 cases. All such cases that remain in the building (I understand adult tubercular patients are sent to Leavesden) are segregated from others, and are nursed in the block set apart for the purpose.

Dysentery patients are nursed in the infirmary wards, all of which are under the supervision of a trained nurse, who also trains both male and female nurses in sick nursing. To prevent the risk of infection spreading, should this disease recur, I would point out the necessity of taking the greatest precautions in dealing with all foul clothing and of ensuring the personal cleanliness of the patients, especially by washing of hands before all meals and before commencing work in such places as kitchens, stores, etc.

I hope, at some future date, bed-side tables may be provided for the infirmaries.

The mortality rate for the year ending December 31st last was 4 per cent., and it is anticipated that it will be still lower for the present year.

All the deaths were due to natural causes, and call for no special mention—one inquest was held.

The staff consists of 134 male and 147 female nurses for day, and of 24 males and 34 females for night duty. Of the former sex, 70 have passed the preliminary and 30 the final examination of the Medico-Psychological nursing certificate, and of the latter, 46 have passed the preliminary and 25 the final.

Dr. Gordon has the assistance of Drs. Turnbull, Dodd, and Wurts.

2. Darent Training Colony.

July 23rd, 1923.

We visited this institution on July 16th, and finding it necessary to extend the visit to a second day, took the first opportunity, which fell to-day.

It was with much regret that we learned of the illness of Dr. Sherlock, but it is very satisfactory to note the progress he is making towards recovery. During his absence, Dr. McGowan is in charge, and he accompanied us throughout our visit.

Quarters.—We found the wards clean and well kept; the sculleries of some were neater than others, and likewise some difference was noticeable in the care of the airing courts: in particular, were the successful endeavours to lay out a pleasing garden to be seen in one of the boys' Pavilion Wards—No. 31.

Wherever the bedding was examined, it was scrupulously clean, and in good order and repair. More regard for cleanliness needs to be observed in the general kitchen and adjoining food stores. In the former, a patient was washing out a vegetable tin with a floor broom, and in the meat store there was a considerable accumulation of dead flies and dirt between the window frame and the gauze screen attached to it. Few articles of food are kept in the kitchen any length of time, but for these rigid meat covers of gauze or muslin are very necessary while flies are active.

The windows in some of the workshops have been constructed with a view to preventing escape, especially where the outside drop is considerable; this precaution, however, has rendered the ventilation insufficient during hot weather, such as now prevails, unless the doors are open also. An estimate has been made of the number of patients which each shop can accommodate, having regard to space and supervision, and it has been found that this space is now not enough to give training facilities to all the patients who are capable of benefiting therefrom.

Since the last visit a building adjacent to No. 29 Ward has been adapted for the treatment and isolation of 18 male tuberculous patients, but it has not yet been occupied.

The following improvements and alterations are at present in progress—the erection and alteration of lavatories in Ward 11, in the sports field and at the farm; the installation of a refuse destructor, of a weigh-bridge, of new engines in the bakery and laundry; rebuilding of the painters' shed and external painting. The internal redecoration of the institution, somewhat overdue, will be commenced shortly.

In the laundry there are some driving belts on the foul linen washing machines which would be safer for a wire guard; patients were working to-day in the vicinity of these machines.

A matter that calls for attention is the disinfection of the linen and other things that have been in contact with infectious cases; in particular we would urge that sheets from the beds of actively tuberculous patients should be effectively treated before they are used for others.

The existing arrangements for the viewing of the bodies of patients who have died, by their friends, are crude and likely to give offence. The room where the bodies are kept is unsuitable for obvious reasons for the viewing; a small room between this and the P.M. room could, with little expense be appropriately fitted and set aside solely for this purpose, and friends could enter by the nearer door without passing through the storing room. Such articles as a chair, vase of flowers and a hassock or two, might with advantage be added to the equipment of this room.

Care of Patients.—The dietary is a varied one and, judging by the general well-nourished appearance of the patients, is sufficient and suitable, but in view of the increasing number of tuberculous patients, it is desirable to add certain articles known to contain essential food factors—such as beef dripping, which could be issued in lieu of a certain quantity of margarine—especially for growing patients.

The service of the dinners was expeditiously carried out in some wards, but in others the help of a few of the patients might well have been made use of instead of allowing an attendant to spend time in carrying about the dinners when he could more profitably have assisted in cutting up the joints. In one ward a nurse was carving single handed, and the earlier served patients had finished long before others were served. It was pleasing to see in so many of the pavilion wards that dinners were taken out of doors.

Speaking generally, the patients looked well, and were in good spirits, and readily responsive. They were clean and all who had inclinations towards smartness of appearance had facilities for putting them into effect. Others were less particular as to their neckwear and general tidiness. Many of the boys wear woollen jerseys, but others are dressed in collarless jackets of a heavy kind, which, as well as the trousers, might with advantage be replaced during the hot weather by smocks and shorts of a material lighter in weight and easier to wash. Indeed, the question

of the use, in such weather as this, of print or drill clothes for adults of each sex is worth serious consideration. A number of the women were still wearing serge dresses.

There was a tank in the laundry containing several pairs of fouled boys' trousers; these are difficult to clean and their replacement, especially in cases of faulty habits, by a lighter material or the use of loose linings, would be a substantial improvement in the outfit of these little patients.

Health.—It is gratifying to record the absence of major accidents and of outbreaks of infectious disease since the last visit in December—except for tuberculosis. The number of patients confined to bed to-day was only 19 in the entire institution, a few of these were in bed for mental rather than physical reasons.

The number of notified tuberculous patients is 40, and 4 others are suspected of having this disease. The deaths, since December, number 16, 8 of each sex, and of these, the high proportion of 7 was due to tuberculosis. The proposal to remove all tuberculous patients from ward 29 is a sound one, provided the new ward can accommodate them all, at present, however, it would appear that there would be no vacant beds for fresh male cases of the disease if this course were adopted.

The number of spare beds in the female tuberculous wards is, at present, 5.

The classification of the patients in the main building and the pavilions has been well carried out with regard to their age and apparent mental grade, but the female wards for adults where there is day and night observation are few. In the pavilion ward No. 27 there are 64 boys and youths, whose ages range from 10 to 24: the smaller boys are here either because they are uncertified or because they are considered too troublesome to be managed by female staff in the school block—which indicates that these two groups ought to be kept apart. This defect of mixing young boys and adolescent youths is mitigated by sleeping those most needing observation, in a dormitory where an attendant is on duty throughout the night, but it still leaves defectives of 12 or under in the other dormitory with big lads of about 20.

Training.—Excellent work is being done in the various shops, where the defectives of both sexes are obviously interested in their respective occupations. There was an atmosphere of cheerful and willing industry, although many of these shops were visited towards the end of the afternoon. We were much impressed also by a group of about 30 youths, recently collected, who were busy making envelopes; this class serves the useful function of enabling the officers in charge to select from the low to medium grade patients employed, those fitted for advancement to other shops. The very desirable step has been taken of bringing the older boys who were making little or no progress in the school, to the shops where they work in separate groups from the adults. No patient once allocated to an industry by the medical officer, after special observation of the case, is allowed to be returned to the ward before a written statement by the craft master of the reasons for the patient's removal from the shop is submitted to the medical officer, and the case enquired into.

The acting medical superintendent feels the need of more and separate accommodation in the shops, now quite full, in order that the younger adolescents and the newly admitted defectives might begin their training under special observation previous to their allocation to the existing industries.

Of 1,124 male patients in the institution, some 108 are stated to be unemployed, and on the female side 180 out of 1,031. These figures of unemployed include fresh admissions still under observation as well as the sick and infirm.

In the women's wards, apart from the shops, it is not customary to follow any of the special manual occupations save ward mending; the introduction, however, of simple hand work, such as knitting loose dish cloths, into the wards for the adult low grade women, would be a useful measure.

The following table shows the occupational distribution of the patients.

	M.	F.	T.
In Workshops - - - -	509	464	973
In housework - - - -	84	139	223
On the land and in the garden -	47	—	47
In stores and offices - - -	16	7	23
Attending classes - - -	360	241	288

The Children and the Schools.—We paid special attention to the schools on our visit to-day, but before entering into a detailed report, we wish to mention that we understand that a thorough reorganisation of this department is contemplated on the retirement of the head teacher, which will shortly take place.

The following remarks are therefore made with the object of furthering the efficient reorganisation of the Schools.

The schools are divided into two sections, and contain in all, 671 children. Classification between the schools is almost entirely dependent on the manner of admission, one section being reserved for so-called feeble minded children who are sent by Poor Law Guardians, and who do not come under the provisions of the Mental Deficiency Act, and the other for children certified under the Mental Deficiency Act. The classification is therefore arbitrary, and, although in the main the uncertified children are of a higher grade than the certified, both sections of the school contain high and low grade cases. We have pointed this out before, but should like to urge again that, in the interests of the children and the teaching, all cases should be classified on admission solely in accordance with their mental grade and placed with their mental equals irrespective of whether they happen to be certified or uncertified.

Both schools are under one head teacher, who is non-resident, and has under her five non-resident assistants. One assistant has taken the preliminary certificate, but the head mistress and the other assistants have no teaching certificates. Fifteen nurse attendants are assigned to help in school hours in addition to their ward duties.

There are, therefore, 21 members of the teaching staff, including the head teacher, and the numbers in the classes as given to us vary between 30 and 48 children. We were not satisfied with the number and qualifications of the teaching staff or with the quality of the teaching and training that is being given in the schools, and should like to consider these points more in detail.

(1) Mentally defective children cannot, we believe, be effectively trained and taught in classes containing on an average 38 pupils, more especially if the teacher in charge of the class is untrained and inexperienced, and both as regards this point and in respect of the qualifications of the teachers, we should like to draw attention to the rules drawn up by the Board of Control for the staffing of teaching departments of institutions. According to these rules in a school of this size, there should be a qualified head teacher, with a minimum of two assistants holding some teaching certificates amongst her staff.

(2) In the majority of the classes and more especially in the lower school, we felt a lifelessness in the teaching and a corresponding lack of interest and response in the children due, we think, in the main, to the rigid and antiquated methods employed by the teachers and to the lack of understanding of the needs of mentally defective children shown by some of the attendants. Some good manual work is done, and a commendable effort is made to place children incapable of profiting from 3 R. teaching in oral classes, but until better oral teaching is provided, the effort will, we think be fruitless.

Scattered class rooms add to the difficulty of supervision by the head teacher, and lack of space is a serious drawback in some of the rooms for the lower grade children who stand in special need of space for free movement. We were glad to hear that the lighting of the big school room is to be improved by the addition of skylight windows.

Our conclusions point to the desirability of smaller classes and more especially to the urgent need in a school of this size of an experienced and qualified head teacher, with organising capacity and capable of training her staff in modern methods of teaching mentally defective children.

The subject of training cannot be dismissed without reference to the valuable part both physical and mental played by the instruction given in gymnastic exercises. We should like to see this system extended to regular teaching of such games as basket-ball amongst the girls, and also to the introduction of Boy Scouts and Girl Guides, which, we believe, would prove to be a new field of enjoyment and interest to the boys and girls, and a valuable aid to discipline and good behaviour in the institution.

Figures relating to the movement and status of patients in the institution are set out below.

	M.	F.	T.
Admitted since the last visit -	65	89	154
Removed since the last visit -	48	86	134
Allowed out on trial - - -	5	9	14
Vacant beds - - - -	56	39	95
Patients at present in the Institution - - - - -	1,124	1,031	2,155
The number dealt with under the Mental Deficiency Act - -	226	311	537
The number dealt with under the Lunacy Act - - - -	393	361	754
The number maintained by Poor Law Authorities without detention Orders - - - -	505	359	864

Staff.—Of the 234 attendants and nurses, not including the head nurses, 34 have taken the final nursing certificate of the Medico-Psychological Association, and 35 the Preliminary Certificate. No female nurses are employed on the male side, except in the schools for the very small boys.

The relations existing between the staff and the patients appear to be cordial and sympathetic, and it was very satisfactory to note the keen interest which many of the staff take in those under their care.

3. Leavesden Mental Hospital.

June 19th, 1923.

In the absence on leave of Dr. Stewart, the Medical Superintendent, we were taken over the wards of this institution yesterday and to-day by Dr. Park Inglis, who afforded us every assistance in the inquiries we made.

The present numbers of patients are seen in the following table :—

	M.	F.	T.
Those admitted under Lunacy Orders - - - - -	890	958	1,848
Those admitted under Mental Deficiency Act Orders or Section 3 -	88	109	197
Those not admitted under detention orders - - - - -	13	2	15
	<u>991</u>	<u>1,069</u>	<u>2,060</u>

The changes since the last visit of a Commissioner of the Board in December, 1922, are as under :—

— — —	Under the Lunacy Act.		Under the Mental Deficiency Act.	
	M.	F.	M.	F.
New admissions - -	55	69	40	15
Discharges - - -	1	9	2	3
Deaths - - - -	30	51	11	6

The five mental defectives included in the discharges were all transferred to other institutions for defectives, with the exception of one woman, who was removed to a mental hospital. Only one major accident has occurred, the result of a fall on the part of a patient who was stooping at the time over a low bed.

Coroner's inquests have been held in two cases—one of heart disease and the other of intestinal obstruction.

As this institution is largely devoted to the care and treatment of patients collected from other institutions of the Metropolitan Asylums Board on account of tuberculosis, dysentery, trachoma, and other diseases, it is not surprising to find a large proportion of the patients of poor physique, and the numbers under treatment are therefore not comparable with those in institutions where the admissions are not of specially selected cases.

With these facts in mind, we were favourably impressed with the physical condition of the patients and with the attention that is obviously given to their bodily needs. Only about 5 per cent. of the patients were confined to bed, and on the male side tuberculosis accounted for nearly half of these.

The condition of the skin of the bedridden patients and their clean, and well-made beds, many of which we examined, all reflected great credit on the efficiency of the nurses of both male and female sections. An examination of the idiot patients with faulty habits, so many of whom are got up and dressed daily, also revealed the care that is given to these helpless ones.

Although there are about 150 patients here on account of past attacks of dysentery, there are none at present in whom the disease is considered active.

There have been, however, since November 28th last some 11 cases of enteric fever, four occurring in 9A, three in 11A, and one in 7B on the female side, and one each in Wards 4A, 4B and 6 on the male side. The last case occurred about four weeks ago. We think that it is very desirable that a special investigation be made into the circumstances in order to ascertain, if possible, the exact origin of the outbreak.

The number of patients who are employed outside their own wards are returned as 115 men and 108 women, and those assisting in the wards, 137 men and 93 women.

Having regard to the number of very low-grade cases in this institution, we do not wish to over-emphasise the obvious want of occupation for the patients. We have recorded our hearty appreciation of the care and good nursing of the lowest grades, and we well know what a large amount of the staff's time such excellent nursing must take. We should like, however, to suggest the possibility of training some of the less afflicted patients in the use of their hands.

Classification on the grounds of physical condition and contagious disease, which is essential here, must involve some disregard of classification by mental grades, and, consequently, there are to be found among those so segregated in each of the special wards a small number of higher grade patients employed in ward work only for one or two hours of the day. For a large number of those with little or nothing to do at present, simple types of employment might be organised, such as knitting dish cloths, hemming dusters and cloths, darning, sewing on tapes and buttons, cleaning spoons and other of the many occupations now found so beneficial for low-grade patients.

There is no doubt, also, that many of the younger patients in the institution would derive much advantage from a form of physical drill in which the movements are easy to follow and sufficiently varied to be of interest to patients of this kind.

We were glad to hear that many of these patients take part in the dances, and such patients ought to be able to pick up the movements of a simplified drill. We were struck by the absence of organised games for the children—by which we do not mean cricket and football, but simple nursery games suited to their mental capacity, which are undoubtedly better undertaken by women than by men nurses, and on other grounds

we could not help feeling that the happiness and comfort of some of the smaller boys would be increased if they were nursed by women. Patients such as we saw in the sanatorium ward might be tended by them, as far as we could see, without any disadvantage.

The number of packs of playing cards in some of the wards where the patients can make good use of them might well be increased beyond the present fixed allowance.

The wards we found clean and generally suitably warmed and ventilated, but the tuberculous wards are very inadequately ventilated for this special purpose. Nothing less than the free ventilation of the sanatorium kind can be regarded as a safe atmosphere for the staff and for any patients who are not already infected.

All linen from the tuberculous wards ought to be put through a vigorous process of disinfection after use for these patients. We are familiar with the difficulties of dealing with mental patients suffering from tuberculosis, but we do not think these need hinder the provision of much more ample ventilation. Our colleague, in his last report, commented on the fact that only one ward for special segregation was on the ground-floor, and suggested the usefulness of accommodating the tuberculous patients on this floor. Were this suggestion adopted, the amount of open-air treatment available would be very materially and advantageously increased. As at present used, many of the wards only permit of outdoor airing for debilitated or helpless patients, on the bridges between the different blocks, where the breeze is probably at times too strong to allow of these patients being placed outside.

A desirable change is being made in the w.c. seats in the wards, which are now being provided with hinges, which will permit of better cleaning. The kitchen plate racks, especially on the women's side, are very inaccessible for cleaning.

At the time of our visit the soiled linen tank on the male side of the laundry was over-full, and the contents were not therefore properly immersed. A second tank for this purpose seems to be needed; the other two tanks in the same room are used for other articles.

We think some improvement might be effected in the work done in the laundry. The patients' clothes—especially those supplied to the higher grades—should, if possible, be callendered, and not merely rough-dried. We were glad to see a new callender was being erected.

The disinfection of soiled sheets from the dysentery ward is not well carried out, and they are handled too freely before being thoroughly treated.

The larder adjoining the main kitchen would be improved by the addition of flyproof window screens and muslin-covered frames for the milk.

The clothing was clean and in good repair, but in the male wards there is an insufficient supply of garments of the proper size for young patients. There appears to be no difficulty in getting it from the stores, but it would be more satisfactory if more children's clothing were on issue. No loose linings for trousers or pants are supplied. Their use in cases of faulty habits would relieve the laundry to a considerable extent of the difficult cleansing of the larger garments. Dr. Inglis spoke of a pattern of lining he had seen which might well be introduced.

The distribution of Red Cross comforts from the needle-room, such as bed-jackets and bags for hot-water bottles, has been rather uneven on the two sides. We saw none of the latter and very few indeed of the former in the male wards. The men sleep in their day flannels and shirts.

Some coats for the women's outdoor wear have been made since the last visit, and we hope that further provision of these necessary garments will be undertaken.

We thought the bathing of the patients might be better organised, so as to prevent a long wait in the bathroom while undressed. Some kind of warm wrap and slippers should be provided as the patients undress in the ward and go to the bathroom wearing one cotton undergarment only, and with bare feet.

The arrangements made in the mortuary are, generally speaking, satisfactory, but it would be an advantage if a new pall could be provided, unless the condition of the one at present in use can be improved.

The meals we saw served were appreciated, and in many wards there were special dishes for the sick. It would be well to issue a certain quantity of dripping fat in lieu of margarine to the younger patients.

The registers and case books are well kept, and entries are up to, date.

Throughout our visit we were impressed by the good feeling existing between the patients and the staff and the absence of personal complaints.

4. *Tooting Bec Mental Hospital.*

November 15th, 1923.

I to-day paid a visit to this institution, which is now wholly used for the accommodation and care of adult male and female patients who are, in the main, aged persons of feeble physique.

Without entering into detail I can say that I found everything in excellent order, and the inmates in comfortable surroundings and evidently well supervised, appeared to be happy and contented. They were for the most part ready to enter into conversation, and one could not but be struck with the friendly relations which existed between them and Dr. Beresford and the whole of the nursing staff.

There were 64 males and 124 females confined to bed. In no instance did a bedsore exist, and it was clear from this and other evidence that those requiring it were in receipt of good and careful nursing.

I saw a well-cooked dinner served on hot plates in the wards. It consisted of stewed rabbit with dumpling, potatoes and bread, and appeared to be appreciated. I note that cake and jam form part of the evening meal on four days in the week.

The maintenance charge per head for the year ending March 31st of this year was just over 35s. per week, and it is anticipated that the subsequent cost will be slightly lower.

The new blocks which are being constructed in connection with this institution are nearing completion; the nurses' home will soon be taken over; the children in the country home have been transferred to other care, and the accommodation thus released has been made use of for the accommodation of selected non-epileptic adult female patients. The contemplated alterations in regard to the kitchens for general and staff purposes have not yet been dealt with.

Since the last visit from a member of the Board on December 7th, 1922, there have been 550 admissions—males 236, females 314—the discharges or removals number 181—males 65, females 116—of whom one had recovered, and 126 males and 146 females have died.

There are to-day on the statutory books 1,100 patients—males 481, females 619—and there are vacancies for five men and seven women.

Senile decay was the cause of death in 201 and general paralysis in nine of the 272 deaths that have occurred. Inquests were held in 13 instances, full details of which were forwarded to the Board at the time.

There has been no epidemic disease, and there are but three cases of active tuberculosis in the institution.

There is a record of 15 serious non-fatal casualties, but in 10 instances death supervened, and they are included amongst the cases in which inquests were held.

The staff consists of :—

Charge and acting charge attendants	-	-	-	-	16
Ordinary attendants	-	-	-	-	44
Charge and acting nurses	-	-	-	-	20
Ordinary nurses	-	-	-	-	61

for day, and 23 attendants and 32 nurses for night duty.

The Medico-Psychological nursing certificate is held by 26 attendants and 13 nurses, and 44 of the former and 30 of the latter have passed the preliminary examination.

APPENDIX G.

LIST of all COUNTY and BOROUGH MENTAL HOSPITALS, REGISTERED HOSPITALS, and LICENSED HOUSES in *England* and *Wales* with the Names of the Medical Superintendents, and Clerks to Committees of Visitors; Licensees, Clerks to Visitors, and Medical Visitors, of Licensed Houses; and List of all Mental Defective Institutions in *England* and *Wales*. (Corrected to July 1924.)

COUNTY AND BOROUGH MENTAL HOSPITALS.

COUNTIES, UNITED COUNTIES, AND BOROUGH.	WHERE SITUATE.	MEDICAL SUPERINTENDENTS.	CLERKS TO COMMITTEES OF VISITORS.
Beds, Herts, and Hunts - - - Berks, Reading C.B., Newbury B., and New Windsor B. Brecon, Radnor, and Montgomery - Bucks - - - Cambs., Isle of Ely, and Cambridge B. Carmarthen, Cardigan and Pembroke Chester C., Birkenhead C.B., Stock- port (part) C.B., and Wallasey C.B. " " - - - Cornwall - - - Cumberland, Westmorland, and Car- lisle C.B. Denbigh, Anglesea, Carnarvon, Flint, and Merioneth C. Derby C. - - - Devon - - - Dorset - - - Durham C. and Darlington C.B. Essex and Colchester B. - - - " " - - - Glamorgan and Merthyr Tydfil C.B. Gloucester C. and Gloucester C.B. -	Arlesey, Beds. - - - Moulsford, Wallingford - - - Talgarth, Breconshire - - - Stone, Aylesbury - - - Fulbourn, Cambridge - - - Carmarthen - - - Upton, Chester - - - Parkside, Macclesfield - - - Bodmin - - - Carlisle - - - Denbigh - - - Mickleover, Derby - - - Exminster - - - Dorchester - - - Winterton, Ferry Hill - - - Brentwood - - - Severalls, Mile End, Colchester Bridgend - - - Gloucester - - -	Laurence O. Fuller, L.R.C.P. - W. W. Read, M.D. - - - P. Drummond, M.B. - - - Hugh Kerr, M.D. - - - A. F. Reardon, L.M.S.S.A. - John Richards, M.B. - - - G. H. Grills, M.D. - - - H. D. Cormac, M.B. - - - F. Dudley, L.R.C.P. - - - W. F. Farquharson, M.D. - - F. G. Jones, M.D. - - - G. N. Bartlett, M.B. - - - R. Eager, O.B.E., M.D. - - - G. E. Peachell, M.D. - - - H. G. Cribb, L.R.C.P. - - - W. Robinson, M.D., D.P.M. - R. C. Turnbull, M.D. - - - D. Finlay, M.D. - - - J. Marnan, M.B. - - -	F. N. Butler, St. Neots. J. T. Morland, Bath Street, Abingdon. A. J. Astbury, The Mental Hospital. G. R. Crouch, County Hall, Aylesbury. T. M. Francis, 10, Peas Hill, Cambridge. W. J. Wallis-Jones, 34, Quay Street, Carmarthen. H. Potts, County Offices, Northgate Street, Chester. G. W. Wain, 43, Church Side, Macclesfield. M. F. Edyvean, Mount Folly, Bodmin. C. W. A. Hodgson, The Courts, Carlisle. W. Barker, The Mental Hospital. N. J. Hughes Hallett, O.B.E., County Offices, St. Mary's Gate, Derby. B. S. Miller, The Castle, Exeter. H. Till, 56, High West Street, Dorchester. A. O. Smith, 19, Elvet Bridge, Durham. H. H. Gepp, Chelmsford Ditto ditto. W. E. R. Allen, Glamorgan County Hall, Cardiff. E. B. Key, The Mental Hospital.

Hants, Bournemouth C.B. and Southampton C.B.	Knowle, Fareham	J. L. Jackson, M.B.	Lt.-Col. J. R. Wyatt, O.B.E., The Mental Hospital.
"	Park Prewett, Basingstoke	R. F. B. Bowes, L.R.C.P.	H. Spooner, The Mental Hospital.
Hereford (County and City)	Burghill, Hereford	J. G. Smith, M.D.	F. Goldingay, The Mental Hospital. [Hertford.
Herts	Hill End, St. Albans	A. N. Boycott, M.D.	Sir Chas. E. Longmore, K.C.B., Clerk of the Peace,
Kent and Gravesend B.	Barming Heath, Maidstone	H. Wolseley-Lewis, M.D., F.R.C.S.	H. J. Bracher, 33, Earl Street, Maidstone.
"	Chartham, Canterbury	Lt.-Col. M. A. Collins, O.B.E., M.D.	Henry Fielding, 15, Burgate Street, Canterbury.
Lancaster C., all the County Boroughs and Stockport (part) C.B.	Lancaster Moor	D. M. Cassidy, M.D., D.Sc., F.R.C.S.	Allan Sewart, 49, North Road, Lancaster.
"	Rainhill, Lanes.	E. F. Reeve, M.B.	T. Garner, 49, Corporation Street, St. Helens.
"	Prestwich, Manchester	D. Orr, M.D.	John Crofton, 36, Brazennose Street, Manchester.
"	Whittingham, Preston	R. M. Clark, M.B.	L. Cotman, 8 Lune Street, Preston.
"	Winwick, Warrington	F. M. Rodgers, M.D., D.P.H.	W. B. Forshaw, Suez Street, Warrington.
Leicester C. and Rutland	Narborough, Leicester	R. C. Stewart, L.R.C.P.	W. J. Freer, 10, New Street, Leicester.
Lincoln (Lindsey, Holland, Grimsby C.B. and Lincoln C.B.).	Bracebridge, Lincoln	J. MacArthur, L.R.C.P., D.P.M.	H. E. Page, Bank Street, Lincoln.
" (Kesteven)	Sleaford	I. R. Macphail, L.R.C.P.	A. D. Piper, 19, Jermyn Street, Sleaford.
London C.	Banstead Downs, Sutton	Percy C. Spark, L.R.C.P.	H. F. Keene, O.B.E., Mental Hospitals Dept., The County Hall, Westminster Bridge, S.E.1.
"	Bexley, Kent	Geoffrey Clarke, M.D.	Ditto ditto.
"	Cane Hill, Coulsdon, Surrey	Lt.-Col. S. C. Elgee, O.B.E., L.R.C.P.	Ditto ditto.
"	Claybury, Woodford Bridge, Woodford Green.	Guy F. Barham, M.D.	Ditto ditto.
"	Colney Hatch, New Southgate, N.11.	S. J. Gilfillan, O.B.E., M.B.	Ditto ditto.
"	Hanwell, Southall, Middlesex	A. W. Daniel, M.D.	Ditto ditto.
"	Horton, Epsom	Lt.-Col. J. R. Lord, C.B.E., M.B.	Ditto ditto.
"	Ewell Colony	(Loaned to Ministry of Pensions)	Ditto ditto.
"	Long Grove, Epsom	D. Ogilvy, M.D.	Ditto ditto.
"	West Park, Epsom	N. Roberts, O.B.E., M.D., D.P.M.	Ditto ditto.
"	Maudsley Hospital,* Denmark Hill, S.E.5.	E. Mapether, M.D., F.R.C.S.	Ditto ditto.
Middlesex	Wandsworth, S.W.17	Reginald Worth, O.B.E., M.B.	H. S. Freeman, Clarence Street, Staines.
"	Napsbury, St. Albans	L. W. Rolleston, C.B.E., M.B.	E. S. W. Hart, Guildhall, Westminster, S.W.1.
Monmouth	Abergavenny	N. R. Phillips, M.D.	R. W. Powell, The Mental Hospital.
Norfolk	Thorpe, Norwich	O. G. Connell, M.C., L.R.C.P.	W. E. Hansell, The Close, Norwich.
Northampton C.	Berrywood, Northampton	F. J. Stuart, O.B.E., L.R.C.P.	C. A. Markham, 1, Guildhall Rd., Northampton.
Northumberland and Tynemouth C.B.	Cottingham, Morpeth	G. R. East, M.D.	Henry D. Irwin, 3, Royal Arcade, Newcastle-upon-Tyne.
Notts C.	Radcliffe-on-Trent, Nottingham	S. Lloyd Jones, L.R.C.P.	J. F. Gell, The Mental Hospital.

* Uncertified cases only.

COUNTY AND BOROUGH MENTAL HOSPITALS—continued.

COUNTIES, UNITED COUNTIES, AND BOROUGH.	WHERE SITUATE.	MEDICAL SUPERINTENDENTS.	CLERKS TO COMMITTEES OF VISITORS.
Oxford C. and Oxford City -	Littlemore, Oxford -	T. Saxty Good, O.B.E., L.R.C.P.	J. Rose, 10, New Road, Oxford.
Salop, Shrewsbury B., and Wenlock B. -	Bicton, Shrewsbury -	W. S. Hughes, M.B. -	W. Baxter, County Buildings, Shrewsbury.
Somerset and Bath C.B. -	Wells -	J. E. P. Shera, M.D. -	John Coates, The Mental Hospital.
" -	Cotford, Norton Fitzwarren, Taunton. -	H. T. S. Aveline, M.D. -	A. W. Caley, The Mental Hospital.
Stafford C., and all the County Boroughs. -	Stafford -	B. H. Shaw, M.D. -	Eustace Joy, M.A., County Buildings, Stafford.
" -	Burntwood, Lichfield -	W. Reid, M.P. -	Ditto ditto.
" -	Cheddleton, Leek -	W. F. Menzies, M.D., F.R.C.P. -	Ditto ditto.
Suffolk (East and West) -	Melton, Woodbridge -	Lt.-Col. W. B. Keith, M.C., M.D. -	C. Oakes, County Hall, Ipswich.
Surrey and Guildford B. -	Brookwood, Woking -	James A. Lowry, M.D. -	W. Hall, County Hall, Kingston-on-Thames.
Surrey -	Netherne, Coulsdon, Surrey -	P. C. Coombes, L.R.C.P. -	Ditto ditto.
Sussex (East) -	Hellingly, Sussex -	F. R. P. Taylor, M.D. -	Harold M. Blaker, 211, High Street, Lewes.
Sussex (West) -	Chichester -	Harold A. Kidd, C.B.E., L.R.C.P. -	E. H. Blaker, 9, West Pallant, Chichester.
" Warwick C., Coventry C.F., and Warwick B. -	Hatton, Warwick -	A. T. W. Forrester, M.D. -	H. W. Blenkinsop, 1, New Street, Warwick.
Wight, Isle of -	Whitecroft, Newport, I. of W. -	W. J. A. Erskine, M.D. -	J. H. Green, The Mental Hospital, Newport, I.W.
Wilts -	Devizes -	S. J. Cole, M.D. -	G. W. Jackson, Devizes.
Worcester C., Dudley C.B., and Worcester C.B. -	Powick, Worcester -	H. F. Fenton, M.B. -	G. F. S. Brown, 40, Foregate Street, Worcester.
Worcester C. -	Barnsley Hall, near Bromsgrove -	P. T. Hughes, M.B., D.P.H. -	C. H. Bird, Shirehall, Worcester.
York, N. Riding -	Clifton, York -	J. S. Russell, M.B., F.R.F.P.S., D.P.M. -	Alfred Procter, 5, New Street, York.
" W. Riding, and (except for Scalebor Park) Barnsley, Bradford, Dewsbury, Halifax, Huddersfield, Leeds, Rotherham, Sheffield C.B., and (for Wadsley and Storther Hall) Doncaster B. -	Menston, Leeds -	S. Edgerley, M.D. -	H. Topham, Mental Hospitals' Board Office, Wakefield.
"	Wadsley, Sheffield -	W. J. N. Vincent, C.B.E., M.B. -	Ditto ditto.
"	Wakefield -	J. S. Bolton, M.D., D.Sc., F.R.C.P. -	Ditto ditto.
"	Storther Hall, Kirkburton, Huddersfield. -	T. Stewart Adair, M.D. -	Ditto ditto.
"	*Scalebor Park, Burley-in-Wharfedale. -	J. R. Gilmour, M.B., F.R.C.P. -	Ditto ditto.
"	Beverley -	E. S. Simpson, M.C., M.D. -	C. W. Hobson, 26 and 28, Lairgate, Beverley.

BOROUGH.			
Birmingham	-	-	-
Brighton	-	-	-
Bristol	-	-	-
Canterbury	-	-	-
Cardiff	-	-	-
Croydon	-	-	-
Derby	-	-	-
Exeter	-	-	-
Gateshead	-	-	-
Hull	-	-	-
Ipswich	-	-	-
Leicester	-	-	-
London (City of)	-	-	-
Middlesbrough	-	-	-
Newcastle-upon-Tyne	-	-	-
Newport	-	-	-
Norwich	-	-	-
Nottingham	-	-	-
Plymouth	-	-	-
Portsmouth	-	-	-
Sunderland	-	-	-
West Ham	-	-	-
York	-	-	-
Winson Green, Birmingham	-	-	-
Rubery Hill, near Birmingham	-	-	-
Haywards Heath, Sussex	-	-	-
Fishponds, Bristol	-	-	-
St. Martin's Hill, Canterbury	-	-	-
Whitchurch, Glamorgan	-	-	-
Warlingham, Whyteleafe, S.O., Surrey.	-	-	-
Rowditch, Derby	-	-	-
Digbys, Topsham	-	-	-
Stannington, Newcastle-upon-Tyne.	-	-	-
De la Pole, Willerby, Hull	-	-	-
Ipswich	-	-	-
Humberstone, Leicester	-	-	-
Stone, Dartford	-	-	-
Cleveland, Middlesbrough	-	-	-
Gosforth, Newcastle-on-Tyne	-	-	-
Caerleon, Mon.	-	-	-
Hellesdon, Norwich	-	-	-
Mapperley Hill, Nottingham	-	-	-
Blackadon, Ivybridge	-	-	-
Milton, Portsmouth	-	-	-
Ryhope, Sunderland	-	-	-
Goodmayes, Ilford, Essex	-	-	-
Fulford, York	-	-	-
C. B. Roscrow, L.R.C.P.	-	-	-
T. C. Graves, M.D., F.R.C.S.	-	-	-
G. H. Harper-Smith, M.D.	-	-	-
E. B. C. White, L.R.C.P.	-	-	-
E. F. Sall, L.R.C.P.	-	-	-
Lt.-Col. E. Goodall, C.B.E., M.D., F.R.C.P.	-	-	-
E. S. Pasmore, M.D., M.R.C.P.	-	-	-
John Bain, M.B.	-	-	-
D. McK. Reid, M.D., F.R.F.P.S.	-	-	-
Lt.-Col. J. V. G. Tighe, M.B.	-	-	-
J. S. Anderson, L.R.C.P.	-	-	-
W. M. Ogilvie, M.B.	-	-	-
Lt.-Col. J. F. Dixon, M.D.	-	-	-
R. H. Steen, M.D., F.R.C.P.	-	-	-
J. W. Geddes, M.B.	-	-	-
H. D. MacPhail, O.B.E., M.D.	-	-	-
W. F. Nelis, M.D.	-	-	-
David Rice, M.D., D.P.H.	-	-	-
G. L.I. Brunton, M.D.	-	-	-
W. Starkey, M.B.	-	-	-
H. Devine, O.B.E., M.D., F.R.C.P.	-	-	-
M. A. Archdale, M.B.	-	-	-
J. C. Shaw, L.R.C.P.	-	-	-
C. L. Hopkins, M.B.	-	-	-
F. H. C. Wiltshire, Council House, Birmingham.	-	-	-
Ditto	-	-	-
Jas. H. Rothwell, Town Hall, Brighton.	-	-	-
Edmund J. Taylor, The Council House, Bristol.	-	-	-
H. Fielding, Town Hall, Canterbury.	-	-	-
C. G. Brown, Town Clerk's Office, Cardiff.	-	-	-
J. M. Newnham, Town Hall, Croydon.	-	-	-
G. T. Lee, Town Hall, Derby.	-	-	-
H. Lloyd Parry, Town Clerk's Office, Exeter.	-	-	-
W. Swinburne, Town Hall, Gateshead.	-	-	-
H. A. Learoyd, Guildhall, Hull.	-	-	-
W. Bantoft, Town Hall, Ipswich.	-	-	-
H. A. Pritchard, Town Hall, Leicester.	-	-	-
L. T. Feldon, 5, Church Passage, Guildhall, E.C. 2.	-	-	-
Preston Kitchen, Town Clerk's Office, Middlesbrough.	-	-	-
A. M. Oliver, Town Clerk's Office, Newcastle-on-Tyne.	-	-	-
O. T. Morgan, Town Clerk's Office, Newport, Monmouth.	-	-	-
A. H. Miller, Guildhall, Norwich.	-	-	-
W. J. Board, Guildhall, Nottingham.	-	-	-
R. J. Fittall, Town Clerk's Office, Plymouth.	-	-	-
F. J. Sparks, Town Hall, Portsmouth.	-	-	-
H. Craven, Town Hall, Sunderland.	-	-	-
G. E. Hilleary, Town Hall, West Ham, E. 15.	-	-	-
P. J. Spalding, Guildhall, York.	-	-	-

* For private patients only.

H O S P I T A L S.

COUNTY.	HOSPITALS.	MEDICAL SUPERINTENDENTS.
Chester - -	Manchester Royal Lunatic Hospital, Cheadle.	J. A. C. Roy, M.B., CH.B.
Devon - - -	Wonford House, Exeter - -	W. B. Morton, M.D.
Gloucester - -	Barnwood House, Gloucester -	A. A. D. Townsend, M.D.
Lincoln - - -	Lincoln Lunatic Hospital, The Lawn, Lincoln.	A. P. Russell, M.B.
Norfolk - - -	Bethel Hospital, Norwich -	S. J. Fielding, M.B.
Northampton -	St. Andrew's Hospital, Northampton.	D. F. Rambaut, M.D.
Notts - - -	Nottingham Lunatic Hospital, The Coppice, Nottingham.	D. Hunter, M.B.
Oxford - - -	Warneford Asylum, Headington Hill, Oxford.	A. W. Neill, M.D.
Stafford - - -	Coton Hill Lunatic Hospital, Stafford.	R. Macdonald, O.B.E., M.D., D.P.M.
Surrey - - -	Bethlem Royal Hospital, Lambeth Road, S.E.1.	J. G. Porter Phillips, M.D., F.R.C.P.
" - - -	Holloway Sanatorium, St Ann's Heath, Virginia Water.	W. D. Moore, M.D.
York City - (N.R.)	Bootham Park, York - - -	G. R. Jeffrey, M.D., F.R.C.P.
" " (E.R.)	The Retreat, York - - -	H. Yellowlees, O.B.E., M.D., F.R.F.P.S.
MILITARY AND NAVAL HOSPITALS :		
Hants - - -	Royal Military Hospital, Netley, Southampton.	Maj. W. L. Webster, M.B.
Norfolk - - -	Royal Naval Hospital, Yarmouth	Surgeon Commander J. A. Thompson, R.N.
CRIMINAL ASYLUM :		
Berks - - -	State Criminal Asylum, Broadmoor, Crowthorne.	W. C. Sullivan, M.D.

METROPOLITAN LICENSED HOUSES.

q. Limited to quiet and harmless cases.

H O U S E S.		Number of Patients for which Licensed.		TO WHOM LICENSED.	
		M.	F.		Total.
(a) For both Sexes :					
Camberwell, S.E. 5.	-	-	-	Not more than 140 | 300 | 420	Lord Henry Fitzgerald, Captain J. A. E. Drury-Lowe, and F. H. Edwards, M.D., M.R.C.P. C. M. Tuke, L.R.C.P., Mrs. M. E. Tuke, and D. I. O. Macaulay, M.B. H. Monro, J. O. Adams, M.D., and G. H. Johnston, L.R.C.P. A. H. Stocker, H. G. Stocker, and H. Dillon, M.B.
Chiswick, W. 4.	-	-	-	18 | 17 | 35	
Clapton, Upper, E. 5.	-	-	-	Not more than 31 | 51 | 80	
Finsbury Park, N. 4.	-	-	-	Not more than 37 | 63 | 95	
Hayes, Uxbridge	-	-	-	Not more than 2 | 19 | 19	H. F. Stilwell, L.R.C.P., and Mrs. M. E. Stilwell. R. J. Stilwell, L.R.C.P., J. F. Stilwell, and G. W. B. James, M.D. G. W. Smith, O.B.E., M.B., Mrs. S. R. M. Smith, M.B., and Mrs. E. F. Bullmore.
Hillingdon, Uxbridge	-	-	-	Not more than 48 | 10 | 48	
Sion Hill, Brentford	-	-	-	25 | 20 | 45	A. H. Stocker, H. G. Stocker, and F. R. King, L.R.C.P. S. G. Turner, Lieut. Col. D. E. Wood, and J. Chambers, M.D. Capt. H. O. S. Ellis, Lt. Col. H. Dickenson, W. J. H. Haslett, L.R.C.P., and Miss M. B. E. Hardwick.
Peckham, S.E. 15.	-	-	-	Not more than 115 | 265 | 360	
Roehampton, S.W. 15.	-	-	-	47 | 47 | 90	J. N. Sergeant, M.B., Mrs. M. D. K. Margetts, Mrs. H. S. Sergeant, and Miss M. F. Reeve.
Shepperton	-	-	-	Not more than 15 | 17 | 30	
Tooting Common S.W. 17.	-	-	-	Not more than 21 | q. 12 | 28	
(b) Males only :					
Beckenham Lane, Catford, S.E. 6.	-	-	-	32 | - | 32	Major P. F. W. à Beckett, Mrs. Enid à Beckett, F. J. Dunston, and G. Stilwell, O.B.E., M.B.

METROPOLITAN LICENSED HOUSES—continued.

q. Limited to quiet and harmless cases.

H O U S E S.		Number of Patients for which Licensed.			TO WHOM LICENSED.
		M.	F.	Total.	
(c) Females only :					
Clapham Park, S.W. 4.	-	-	12	q. 12	Mrs. F. E. M. Thwaites and Miss L. M. Thwaites. R. J. Stilwell, L.R.C.P., Miss G. E. P. Hookey, and G. W. B. James, M.D.
Hayes, Uxbridge	-	-	19	19	
"	-	-	14	14	
Hendon, N.W.	-	-	14	14	H. F. Stilwell, L.R.C.P., and R. J. Stilwell, L.R.C.P.
Kensington, West, W.14.	-	-	35	35	H. L. de Caux, L.S.A., and Miss S. Bridger.
Southall	-	-	10	10	Mrs. C. M. A. Sutherland, Miss E. B. Brodie, and Mrs. M. A. H. Little.
Streatham Hill, S.W. 2.	-	-	30	30	W. H. Bailey, M.D. J. H. Earls, M.D., E.W.White, C.B.E., M.B., and Mrs. H.White.

PROVINCIAL LICENSED HOUSES.

COUNTY.	HOUSES.	TO WHOM LICENSED.	Number of Patients for which Licensed.			CLERK TO VISITORS.	MEDICAL VISITORS.
			M.	F.	T.		
Beds [Bedford Borough] -	Bishopstone House, Bedford	Mrs. Beatrice Peele, Miss B. C. Peele, Mrs. D. M. Sutton, Miss E. Law-son, Miss D. Palmer, and Miss A. George.	-	10	10	Mark Whyley, Bedford -	Rowland Hill Coombs, D.L., M.D.
Beds -	Springfield House, Bedford	David Bower, M.D., Mrs. M.L. Bower, C. W. Bower, L.M.S.S.A., Miss Mary Bellars, and Miss C. M. Collbran.	Not more than 24	34	48	W. W. Marks, ditto -	E. C. Sharpin, L.R.C.P.
Derby -	Wye House, Buxton -	W. W. Horton, M.D., and Mrs. I. C. Dickson.	22	22	44	W. B. Bunting, Chapel-en-le-Frith.	H. Shipton, F.R.C.S.
Devon -	Court Hall, Kenton, Exeter	Miss B. M. Mules, M.D., and Miss A. S. Mules, L.R.C.P.	-	8	8	F. A. Pearce, Exeter -	L. P. Black, M.B.
" -	Plympton House, Plympton	Alfred Turner, M.D., Mrs. F. M. Turner, and J. C. Nixon, M.B.	18	26	44	R. B. Johns, Plymouth -	R. H. Clay, M.D.
Durham -	Middleton Hall, Middleton St. George.	R. H. O. Garbutt, L.R.C.P., and L. Harris-Liston, M.D.	25	40	65	G. H. Watson, Darlington	D. Drummond, M.D.
Essex -	Littleton Hall, Shenfield, Brentwood.	H. E. Haynes, L.R.C.P., Miss M. G. E. Wilson, H. G. L. Haynes, L.R.C.P., and Mrs. M. Haynes.	-	25	25	H. F. Bawtree, Witham	R. W. Quennell, O.B.E., L.R.C.P.
Gloucester -	Northwoods, Winterbourne, Bristol.	J. D. Thomas, M.B., J. R. P. Phillips, L.R.C.P., Mrs. R. M. P. Thomas, and Miss G. M. S. Thomas.	Not more than 30	30	50	C. A. H. Montague, 65, Stoke Croft, Bristol.	{ J. R. Charles, M.D., F.R.C.P., and C. F. Coombs, M.D., F.R.C.P.
" -	The Retreat, Fairford	A. Dewar, M.D., and Mrs. E. S. King-Turner.	Not more than 25	35	50	Robert W. Ellett, Cirencester.	W. R. Cossham, M.D.

PROVINCIAL LICENSED HOUSES—*continued*.

q. Limited to quiet and harmless cases.

COUNTY.	HOUSES.	TO WHOM LICENSED.	Number of Patients for which Licensed.			CLERK TO VISITORS.	MEDICAL VISITORS.
			M.	F.	T.		
Kent	Malling Place, West Malling, Kent.	G. H. Adam, L.R.C.P., and H. Gray, L.R.C.P.	18*	21*	39	C. E. Warner, Tonbridge	T. Joyce, M.D.
Lancaster	Oaklands, Walmersley, Bury.	P. G. Mould, L.R.C.P., and Miss G. Jones.	-	14	14	John Crofton, Manchester	A. Boutflower, L.R.C.P.
"	Haydock Lodge, Ashton, Newton-le-Willows.	C. T. Street, L.R.C.P., Mrs. Mabel R. Street, J. C. Wootton, L.R.C.P., Mrs. M. Wootton, and Mrs. E. Mould.	Not more than 80	90	150	H. Hatton, Warrington -	H. Langdale, M.D.
" [Liverpool City].	Tue Brook Villa, Liverpool	F. E. Ingall, F.R.C.S., J. J. Tisdall, L.R.C.P., C. J. Tisdall, M.B., and J. M. Moyes, M.B.	26	26	52	C. T. Barton, Clerk to Justices, Liverpool.	Sir J. Barr, C.B.E. D.L., M.D., LL.D., F.R.C.P.
Lancaster	Shaftesbury House, Formby, Liverpool.	Mrs. F. W. Gill, Miss V. F. D. Gill, and Mrs. E. M. Gill.	Not more than 10	40	40	G. W. Swift, 5, Clayton Square, Liverpool.	T. R. Glynn, M.D.
Norfolk [Norwich City].	Heigham Hall, Norwich	J. G. Gordon-Munn, M.D., G. S. Pope, L.R.C.P., and Mrs. L. Pope.	40	55	95	W. R. Cooper, Norwich	O. G. Connell, M.C., L.R.C.P.
"	The Grove, Old Catton, Norwich	Miss F. R. McLintock, and Miss H. M. McLintock.	-	21	21	W. Baxter, Shirehall, Shrewsbury.	H. W. Gardner, M.B.E., M.D., F.R.C.P.
Shropshire	Stretton House, Church Stretton.	Lieut.-Col. A. A. Watson, C.M.G., D.S.O., G. K. Aubrey, L.R.C.P., D.P.H., Mrs. J. Watson and Miss M. A. Williams.	40	-	40		

Shropshire	-	Grove House, All Stretton	J. McClintock, L.R.C.P., Mrs. F. E. G. McLintock, Miss A. Thomson and Miss G. M. T. Daniel.	-	40	40	W. Baxter, Shirehall, Shrewsbury.	H. W. Gardner, M.D.
"	-	Boreatton Park, Baschurch, near Shrewsbury.	E. H. O. Sankey, M.B., and Mrs. C. Sankey.	12	18	30	Ditto	Ditto.
Somerset	-	Brislington House, Bristol	Mrs. A. Fox, J. M. Rutherford, M.B., H. F. Fox, and R. A. Fox.	44	62	106	C. F. Whittuck, Bath	{ R. S. Smith, M.D., R. E. Moorhead, L.R.C.P., J. R. Charles, M.D., E. W. Moore, M.B., G.S. Pope, L.R.C.P., and H. T. S. Aveline, M.D.
"	-	Bailbrook House, Bath-easton.	N. Lavers, M.D., Col. H. A. Berryman and Mrs. B. G. Le M. Lavers.	Not more than 6	40	44		
Stafford	-	Ashwood House, Kingswinford, Dudley.	H. G. Peacock, L.R.C.P., and J. F. G. Pietersen, L.R.C.P.	11	20	31	Eustace Joy, County Buildings, Stafford.	C. Reid, O.B.E., M.B.
"	-	Moat House, Tamworth	Mrs. S. A. Michaux and Lt.-Col. C. E. Hollins.	-	16	16	Ditto	Ditto.
Surrey	-	The Silver Birches, Church-street, Epsom.	Miss M. O. Daniel and E. G. C. Daniel, M.B.	-	14	14	T. W. Weeding, County Hall, Kingston-on-T.	F. C. Gayton, M.D.
Sussex, East	-	Ticehurst House	C. F. McDowall, M.D., Major C. M. Hayes Newington, and C. Newington.	45	47	92	H. J. T. McIlveen, County Hall, Lewes.	F. Fawcett, M.B.E., M.B.
"	-	St. George's Retreat, Burgess Hill.	Miss Ward, Miss McEvoy, Miss Stoker, Miss Doran, and Miss Slattery.	-	75	75	Ditto	Ditto.
"	-	Periteau House, Winchelsea, Sussex.	H. Baird, M.D., and Mrs. I. M. Baird	-	5	5	Ditto	Ditto.
" [Hastings Borough]	-	Ashbrook Hall, Hollington	Charles E. H. Somerset and Mrs. E. M. Somerset.	-	7. 6	6	F. G. Langham, 44A, Robertson-street, Hastings.	E. R. Mansell, L.R.C.P.
Warwick	-	Glendossill, Henley-in-Arden,	W. Agar, L.R.C.P., and John J. Agar.	12	28	40	S. R. Field, Leamington	T. W. Thursfield, M.D., F.R.C.P.
Wilts [New Sarum City].	-	The Old Manor, Salisbury	Sir Cecil H. E. Chubb, LL.B., and S. E. Martin, M.B.	-	-	672†	A. C. Jonas, Salisbury	{ H. P. Blackmore, M.D., and E. T. Fison, O.B.E., M.D., F.R.C.S.Ed.

* Proportion of sexes may be varied.

† Not more than 550 to be of the Private Class.

PROVINCIAL LICENSED HOUSES—continued.

COUNTY.	HOUSES.	TO WHOM LICENSED.	Number of Patients for which Licensed.			CLERK TO VISITORS.	MEDICAL VISITORS.
			M.	F.	T.		
Wilts -	Laverstock House, Salisbury	J. R. Benson, F.R.C.S., Lt.-Col. C. B. Benson, D.S.O., and Miss M. Marriman.	Not more than 50	50	70	W. L. Bown, Trowbridge	C. R. Straton, F.R.C.S.
" -	Fiddington House, Market Lavington, Devizes.	J. R. Benson, F.R.C.S., Mrs. May Benson, Lt.-Col. C. B. Benson, D.S.O., and the Rev. E. Benson.	8 to 22	8 to 22	30	Ditto	G. S. A. Waylen, L.R.C.P.
" -	Kingsdown House, Box -	H. C. MacBryan, L.R.C.P., Mrs. A. K. MacBryan, John C. W. MacBryan, Lt. R. R. MacBryan, and J. V. Blachford, C.B.E., M.D.	Not more than 13	43	43	Ditto	W. T. Briscoe, M.D.
York, W.R. -	Greta Bank, Burton-in-Lonsdale, Kirkby Lonsdale.	Miss Sarah J. Perkin, J. C. Wootton, Mrs. Edith Mould, and C. T. Street, L.R.C.P.	10 or 10	10	10	W. H. Coles, Wakefield -	{ L. T. Wells, L.R.C.P., and J. F. Dow, M.D.
" [Rotherham Borough]	The Grange, Kimbworth, Rotherham.	G. E. Mould, L.R.C.P., and Mrs. S. Corby.	-	20	20	C. L. des Forges, Rotherham.	A. Robinson, M.D.
York, City -	The Pleasaunce, Heworth, York.	L. D. H. Baugh, M.B., and Mrs. J. S. Baugh, M.B.	-	22	22	H. V. Scott, York -	D. S. Long, M.D.

LIST of STATE and CERTIFIED INSTITUTIONS, CERTIFIED HOUSES, and APPROVED HOMES under the MENTAL DEFICIENCY ACT, 1913, with the Names of Managers or Owners, Clerks to Visitors, and the Number and Class of Patients.

(Corrected to July, 1924.)

STATE INSTITUTIONS.

COUNTY or COUNTY BOROUGH within which the Institution is situate. C.B.=County Borough.	Name and Address of Institution.	Names of Managers or Owners.	Name of Superintendent.	Number and Class of Patients.
Nottingham -	Rampton, Retford -	The Board of Control, 66, Victoria Street, London, S.W.1.	W. R. Thomas, M.D.	220 male and 148 female defectives of dangerous or violent propensities. 40 female defectives of dangerous or violent propensities.
Warwick -	Warwick State Institution, The Cape, Warwick.	Do. do.	Mrs. G. E. Newsome	

CERTIFIED INSTITUTIONS.

COUNTY or COUNTY BOROUGH within which the Institution is situate. C.B.=County Borough.	Name and Address of Institution.	Names of Managers or Owners.	Clerk to Visitors.	Number and Class of Patients.
Berkshire -	Cumnor Rise, Cumnor -	The Oxford Branch of the National Association for Promoting the Welfare of the Feeble-minded. Hon. Sec. of Branch :—Hon. P. Bruce, Radcliffe House, St. Giles, Oxford.	H. J. C. Neobard, Shire Hall, Reading.	34 feeble-minded females, not more than 5 of whom are to be private patients. The age of admission is from 14 years. Epileptics and fallen women not taken. Poor Law cases received.

CERTIFIED INSTITUTIONS—continued.

COUNTY or COUNTY BOROUGH within which the Institution is situate. C.B.=County Borough.	Name and Address of Institution.	Names of Managers or Owners.	Clerk to Visitors.	Number and Class of Patients.
Cambridge - -	Littleton House School, Girton, Cambridge.*	Committee of Management - - -	A. Tabrum, Clerk of the Peace, Cambridge.	9 male defectives. Imbeciles and feeble-minded. 5 cases to be over 16 years of age; 4 cases under 16 years of age to be of a degree of mental defect such as would permit of their being housed and instructed with the children for whom the School is primarily intended. <i>Certified by Board of Education for 46 boys.</i>
Carmarthen -	Pantglas Hall, Llanfynydd Road, Dryslwyn.	The West Wales Joint Board - - -	J. W. Nicholas, County Offices, Carmarthen.	50 females of 7 years of age and upwards. Trainable cases only.
Cheshire - -	Ashton House (Seaside Laundry Home), Parkgate, Chester. Sandlegbridge, Alderley Edge.*	Liverpool Ladies' Association for the Care and Training of Girls. Incorporated Lancs and Cheshire Society for the Permanent Care of the Feeble-minded. Hon. Sec.:—J. S. Walker, 54, Kenwood Road, Stretford, Manchester. Westminster Diocesan Education Fund - Sec.:—T. W. Hunter, Archbishop's House, Victoria Street, London, S.W.1.	R. Potts, Northgate Street, Chester. Do. do.	40 high-grade feeble-minded girls. Admission over 14 years of age. 321 higher-grade defectives of either sex. <i>Certified by Board of Education for 115 boys and 85 girls.</i>
Cumberland (Carlisle C.B.) -	Durran Hill House, Carlisle.	Hon. Sec.:—J. S. Walker, 54, Kenwood Road, Stretford, Manchester. Westminster Diocesan Education Fund - Sec.:—T. W. Hunter, Archbishop's House, Victoria Street, London, S.W.1.	A. H. Collingwood, 15, Fisher Street, Carlisle.	65 feeble-minded Roman Catholic females, aged 16 years and over. Criminals and fallen women not accepted. Poor Law cases received. 400 female patients.
Derby - -	Whittington Hall (Midland Counties Institution), Chesterfield.†	The Incorporation of National Institutions for Persons requiring Care and Control. Warden:—Rev. H. N. Burden, 14, Howick Place, Victoria Street, London, S.W.1.	W. B. Bunting, Chapel - en - le - Frith.	67 female feeble-minded patients. 61 at Devon and Exeter Home and 6 at The Chantry.
Devon (Exeter C.B.) -	The Devon and Exeter Home of the Good Shepherd, Holloway Street, Exeter; with ancillary premises, The Chantry, Exeter.	Committee of Management - - -	J. I. Pengelly, The Court House, Exeter.	

	Stoke Lyne, Withycombe, Exmouth.	County Council of Devon - - -	F. A. Pearce, Exeter	49 male defectives: 16 years of age and under, and 1 male and 3 female adults. All classes within the meaning of the Act.
	Western Counties Institution, Starcross, near Exeter; * with ancillary premises, Elm Court, Starcross.	Committee of Management - - -	Do. do.	323 males and 120 females. Certified by Board of Education for 80 boys or girls.
Dorset	Mount Tabor, Lower Parkstone.	The Sisters of the Transfiguration - - -	W. G. Granger, Clerk to the Justices, Poole.	38 females, feeble-minded and moral imbeciles.
Durham	Monkton Hall Home for Lads, Monkton, Jarrow-on-Tyne.	The Committee of the North-Eastern Association for the Care of the Feeble-minded. Hon. Sec.:—Dr. Ethel Williams, 3, Osborne Terrace, Newcastle-upon-Tyne.	G. H. Watson, Darlington.	16 female feeble-minded mental defectives over school age.
	St. Catherine's Home, Allergate, Durham.	Committee of Management - - -	Do. do.	51 male feeble-minded cases. Age on admission, 16 to 20 years.
Essex	Bigod's Hall, near Dunmow, Essex.*†	Do. do. do. do. do.	H. F. Bawtree, Witham.	6 female defectives. Feeble-minded and moral imbeciles to be under the age of 18 years at time of admission.
	Brunswick House, Mistley.	The L.C.C.: Mental Hospitals Committee - Clerk:—H. F. Keene, O.B.E., Mental Hospitals Dept., The County Hall, Westminster Bridge, S.E.1.	Do. do.	6 male patients. Imbeciles and feeble-minded up to the age of 16 years. Certified by Board of Education and by Home Office for 61 boys.
	The Co-operative Sanatorium (New Lodge, Leon House, The Homestead and St. Keverne), Billericay.	Sec.:—E. L. Coppin, New Lodge, Billericay, S.O.	Do. do.	50 male patients, not less than 16 years of age. Reserved for London cases only.
				56 male patients, excepting those who are dangerous to themselves or others, runaways, or who require physical restraint and are unsuitable for care on the "open-door" system.

* Certified as a Special School by Board of Education.

† Certified as a Special Industrial School by Home Secretary.

CERTIFIED INSTITUTIONS—continued.

COUNTY or COUNTY BOROUGH within which the Institution is situate. C.B.=County Borough.	Name and Address of Institution.	Names of Managers or Owners.	Clerk to Visitors.	Number and Class of Patients.
Essex—cont.	Etloe House, Church Road, Leyton, E.10.	Denis McCarthy, Thos. William Hunter, and Walter McDounell Kelly.	H. F. Bawtree, Witham.	122 feeble-minded females, from 16 years of age and of the Roman Catholic religion. Poor Law cases received.
	Royal Eastern Counties Institution, Colchester,*†with ancillary premises, Lexden House, Colchester, East Hill House School, Colchester, Hillsleigh, 10, East Hill, Colchester, Greenwood Schools, Halstead, Crossley House, Clacton, and Bridge House, Witham.	Board of Directors - - - - -	C. W. Denton, "Marylands," Shrub End Road, Colchester.	577 male and female patients. <i>Certified by Board of Education for 75 boys or girls, and by Home Office for 17 girls.</i> Lexden House—65 adult female defectives. East Hill House—60 male defectives, of whom 4 may be cases over 16 years of age. Hillsleigh—40 boys of school age. Greenwood—90 female defectives. Crossley House—65 defectives.
	Walsham How Home, 1, Forest Rise, Walhamstow.	The Church Army. Secretary:—Miss Violet Hall, 57, Bryanston Street, Marble Arch, W.1.	H. F. Bawtree, Witham.	Bridge House—233 adult male defectives. 42 female patients, feeble-minded and moral imbeciles.
Glamorgan -	Girls' Village Homes, Barkingside. Drymma Hall, Skewen, near Neath.	Dr. Barnardo's Homes - - - - - Glamorgan M.D. Committee - - - - -	Ditto - - - W. E. R. Allen, County Hall, Cardiff.	150 females, imbecile and feeble-minded from 5 years of age. 70 female defectives. All classes within the meaning of the Act.
Gloucester -	Brentry Certified Institution, Westbury-on-Trym, Bristol. St. Mary's Home, Painswick, near Stroud.	Board of Management - - - - - Hon. Sec.:—Rev. H. N. Burden, 14, Howick Place, Westminster, S.W.1. The Committee - - - - -	C. A. H. Montague, 65, Stoke Croft, Bristol. E. T. Gardom, O.B.E., Shire Hall, Gloucester.	230 defectives. All classes within the meaning of the Act, being males over the age of 18 years. 29 female feeble-minded cases. Age on admission 14 to 25 years, and of the Church of England. Cases over the age of 25 to be received only with the previous consent of the Board.

	Stoke Park, Bristol, with ancillary premises : Royal Victoria Home, Horfield, Bristol, Clevedon Hall, Clevedon, Somerset, Beech House and Heath House, and Hanham Hall, Hanham, Leigh Court, Abbot's Leigh, near Bristol, The Tower Block, and The Elms, Stapleton.†	The Incorporation of National Institutions for Persons requiring Care and Control. Warden :—Rev. H. N. Burden, 14, Howick Place, Victoria Street, London, S.W. 1.	C. A. H. Montague, 65, Stoke Croft, Bristol.	Stoke Park - Royal Victoria Home - Clevedon Hall - Beech House - Heath House - Hanham Hall - The Tower Block - Leigh Court - The Elms† - Total not to exceed Males " " Females " " Class :—Defectives of all classes within the meaning of the Act. Certified by Home Office for 1,578 cases. 40 female feeble-minded defectives. Poor Law cases received.	Patients. Males and Females. 750 42 108 Males. 90 88 240 130 Females. 260 40 1,748 898 1,000
(Bristol C.B.) -	Chasefield Laundry Home, 874, Fishponds Road, Fishponds, Bristol.	The Sub-Committee of the Bristol Preventive Mission (for the management of Chasefield). Hon. Secs.:—Miss Alice Mary Lavington and Miss Clara E. Sheppard, Stoberry Lodge, 18, Ashgrove Road, Redland, Bristol.	Samuel Young, 5, Knowle Road, Bristol.		
Hampshire -	St. Mary's Home, Alton, Hants, with ancillary premises :	Sisters of the Community of St. Mary the Virgin, of Wantage, Berks.	F. V. Barber, The Castle, Winchester.	64 defectives of the female sex and over the age of 16 years, who might have had illegitimate children. Poor Law cases received. Not more than 45 at St. Mary's Home, Alton.	

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‡ Blind patients.

CERTIFIED INSTITUTIONS—continued.

COUNTY or COUNTY BOROUGH within which the Institution is situate. C.B.=County Borough.	Name and Address of Institution.	Names of Managers or Owners.	Clerk to Visitors.	Number and Class of Patients.
Hampshire—cont.	The Home of the Holy Rood, Worthing, and St. Bridget's House, Spelthorne St. Mary, Bedford, Feltham. Hillside, Buntingford, Herts.†	Westminster Diocesan Education Fund - Sec.:—T. W. Hunter, Archbishop's House, Westminster, London, S.W.1.	S. Thornely, County Hall, Chichester. E. S. W. Hart, Guildhall, Westminster, S.W.1. Sir Chas. E. Longmore, K.C.B., Hertford.	Not more than 12 at the Home of the Holy Rood. Not more than 7 at St. Bridget's House.
Herts -	Kingsmead Schools, Ware Road, Hertford.*	Managers appointed by the Herts County Council.	Do. do.	45 males suitable to be housed and instructed with children, for whom the school is primarily intended. <i>Certified by the Home Office for 40 boys.</i> 22 defectives. All classes. 10 adult females and 12 of an age and degree of mental defect such as would permit of their being housed and instructed with children, for whom the School is primarily intended. <i>Certified by Board of Education for 70 boys and 56 girls.</i> School—3 males and 3 females. <i>Certified by Board of Education for 14 boys and 42 girls, and by the Home Office for 56 cases.</i> Colony—84 adult females. Idiot, imbeciles, and feeble-minded cases of the Roman Catholic religion. 70 males, 68 females.
Kent -	St. Elizabeth's Home for Epileptics, Much Hadham.*†	The Very Rev. Canon Sutcliffe, Paul Strickland, Esq., F. W. Sherwood, Esq., Sir Charles Cuffe, K.C.B. Sec.:—T. W. Hunter, Archbishop's House, Westminster, S.W.1.	Do. do.	19 high-grade feeble-minded girls; age on admission over 14 years. Roman Catholics not received.
Lancashire -	Princess Christian's Farm Colony, Hildenboro', Kent. Adcote (Laundry and Training Home), Pileh Lane, Knotty Ash, Liverpool.	National Association for the Feeble-minded, 72, Denison House, 296, Vauxhall Bridge Road, Westminster, S.W.1. The Liverpool Ladies' Association for the Care and Training of Girls. Hon. Sec.:—Mrs. H. Pilkington, Wheat-hill, Huyton, near Liverpool.	C. E. Warner, Tonbridge. G. W. Swift, 74, Hanover Street, Liverpool.	

(Liverpool C.B.)	Allerton Priory R.C. Special (M.D.) School, Woolton, Liverpool.*†	Board of Management Hon. Sec.:—Rt. Rev. Mgr. Canon Pinnington, The Presbytery, Great Mersey Street, Liverpool.	C. T. Barton, Clerk to Justices, Liverpool.	5 males and 10 females. Feeble-minded cases under the age of 16 years, and such as can be conveniently and properly trained with the other children in the Institution; with the previous consent of the Board, cases over the age of 16 may be received. <i>Certified by Board of Education and by Home Office for 24 boys and 82 girls.</i>
	Calderstones, Whalley, near Blackburn, with ancillary premises: Brochkall, Langho, near Blackburn.	Lancashire Asylums Board Clerk:—G. H. Etherton, County Offices, Preston.	L. Cotman, 8, Lune Street, Preston.	2,408 mental defectives. 1,050 males and 1,050 females at Calderstones and 308 cases at Brockhall. All classes, including epileptics, within the meaning of the Act.
	Dovecot (Horticultural School), Knotty Ash, Liverpool.*†	The Liverpool Ladies' Association for the Care and Training of Girls. Hon. Sec.:—Rev. C. W. Macready.	G. W. Swift, 74, Hanover Street, Liverpool.	30 feeble-minded females; 26 over the age of 16 and 4 of an age and of a degree of mental defect such as would permit of their being housed and instructed with the children for whom the school is primarily intended. <i>Certified by Board of Education for 38 girls and by Home Office for 64 girls.</i>
	Gillibrand Hall, Chorley	Committee of Management	L. Cotman, 8, Lune Street, Preston.	40 female feeble-minded cases. Principally adults with a limited number of children under 16.
Do. - -	The Home, 4, Everton Terrace, Liverpool.	Do. do.	C. T. Barton Clerk to Justices, Liverpool.	15 female defectives. Feeble-minded and moral imbeciles over the age of 16 years.

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CERTIFIED INSTITUTIONS—continued.

COUNTY or COUNTY BOROUGH within which the Institution is situate. C.B. = County Borough.	Name and Address of Institution.	Names of Managers or Owners.	Clerk to Visitors.	Number and Class of Patients.
Lancashire—cont.	Pontville R.C. Special School, Aughton, Ormskirk.*†	Board of Management Hon. Sec.:—Rt. Rev. Mgr. Canon Pinnington, The Presbytery, Great Mersey Street, Liverpool.	G. W. Swift, 74, Hanover Street, Liverpool.	10 male patients: Roman Catholic feeble-minded children between the ages of 5 and 16 years. <i>Certified by Board of Education for 121 boys and by Home Office for 98 boys and 15 girls.</i>
Leicester - (Leicester C.B.)	Royal Albert Institution, Lancaster. Leicester Frith, Groby Road, Leicester; <i>with ancillary premises -</i> Cross Corners, 2, Thurcaston Rd., Leicester. 39, Downs Road, Clapton, E.5. <i>with ancillary premises:</i>	Central Committee of Management - The County Borough Council of Leicester, Clerk of the M.D. Committee, Alliance Chambers, Horsefair Street, Leicester.	J. T. Sanderson, 67, Church Street, Lancaster. T. H. Wright, London Road, Leicester. Do. do.	800 males and females. 60 of each sex; imbecile, feeble-minded, and moral imbeciles. 30 females; imbeciles, feeble-minded, and moral imbeciles.
London -	41, Downs Road, Clapton, E.5, <i>and</i> 46-48, Pembury Road, Clapton, E.5. The Helping Hand Home, 16, Cathcart Hill, Highgate, N.19.	The Committee of The Girls' Training Homes, Clapton. Hon. Sec.:—Miss C. Tozer, 39, Downs Road, Clapton, London, E.5. Do. do. Do. do. Committee of the Association for Helping Mentally Deficient Children. Hon. Sec.:—Mrs. Geoffrey Russell, 20, Gower Street, W.C.1.	Jno. Dix, Sessions House, Newington, S.E.1. Do. do. Do. do. Do do	25 feeble-minded females, aged 8 years and upwards, all of childish attainments and habits; must be Protestants. 25 feeble-minded females, aged 16 years and upwards; must be Protestants. 30 feeble-minded females, aged 16 years and upwards; must be Protestants. 30 female feeble-minded cases, preferably from the age of 16 years.

Middlesex	London Lock Hospital, 283, Harrow Road, W. 9. South Side Home, Streatham Common, S.W. 16.	Committee of Management - - -	Do.	do.	5 female feeble-minded and moral imbeciles.
		The L.C.C. Mental Hospitals Committee - Clerk :—H. F. Keene, O.B.E., Mental Hospitals Dept., The County Hall, West- minster Bridge, S.E.1.	Do.	do.	80 females. Imbeciles, feeble-minded and moral imbeciles. Higher-grade cases, chiefly above 16 years of age, but including some younger children and physically defective cases, to be accommodated on the ground floor. Reserved for London cases only.
	Bramley House, Gordon Hill, Enfield.	Middlesex Mental Deficiency Committee - Clerk :—H. Scott Freeman, Staines.	E. S. W. Hart, Guild- hall, Westminster, S.W.1.		50 female feeble-minded cases, aged 16 years and upwards.
	Crathorne, Oak Lane, East Finchley, N. 2.	The Church Army - - - Sec. :—Miss Violet Hall, 57, Bryanston Street, London, W.1.	Do.	do.	32 mothers and their children who are feeble-minded or moral imbeciles. The number of mothers never to ex- ceed 20, and no child to be retained beyond the age of 7 years. Poor Law cases received.
	Pield Heath House School, Hillingdon, Uxbridge.*†	Board of Management - - -	Do.	do.	44 females. Feeble-minded and moral imbeciles of the Roman Catholic religion. <i>Certified by Board of Education for 62 girls, and by Home Office for 77 girls.</i>
	St. Bridget's House, Spelthorne St. Mary, Bedfont, Feltham.	<i>See under County of Hampshire—St. Mary's Home, Alton.</i>			
Somerset	The Friars, Fryern Lawn, Bridgwater.	Miss A. E. Best - - -	C. E. Newman, 14, Boulevard, Wes- ton-super-Mare.		17 female defectives. Feeble-minded and moral imbeciles.
Somerset (Bath C.B.)	The House of Help for Women and Girls, 112, Walcot Street, Bath.	Board of Management - - - Sec. :—Miss L. Glynn Baker, 112, Walcot Street, Bath.	E. N. Fuller, LL.B., Bath.		66 female feeble-minded defectives.

* Certified as a Special School by Board of Education.

† Certified as a Special Industrial School by Home Secretary.

CERTIFIED INSTITUTIONS—continued.

COUNTY or COUNTY BOROUGH within which the Institution is situate. C.E.=County Borough.	Name and Address of Institution.	Names of Managers or Owners.	Clerk to Visitors.	Number and Class of Patients.
Somerset - (Bath C.B.)	Rock Hall House (Magdalen Hospital School), Combe Down, Bath Stoke Park, Bristol, with ancillary premises. Yatton Hall, Yatton, near Bristol.	Municipal Charity Trustees of the City of Bath. <i>See under</i> County Council of Somerset - Sec.:—C. E. Newman, 14, Boulevard, Weston-super-Mare.	E. N. Fuller, LL.B., Bath. County of Gloucester.	38 children of both sexes.
Stafford -	The Cloughs, Keele Road, Newcastle-under-Lyme.	Stoke-on-Trent County Borough Council -	C. E. Newman, 14, Boulevard, Weston-super-mare.	76 mental defectives—low-grade children—of both sexes (of whom not more than 24 may be boys) and high-grade girls.
Suffolk -	Handford Home, Rancagh Road, Ipswich. St. Joseph's Home, The Croft, Sudbury.	Committee of Management - Board of Management -	H. Poole, Newcastle-under-Lyme. A. J. Day, 241, Norwich Road, Ipswich. T. M. Braithwaite, Sudbury.	50 defectives of all classes within the meaning of the Act : males up to the age of 14 years and females of all ages. 21 females. High-grade feeble-minded cases—age on admission 8 to 18 years.
Surrey -	The Manor Institution, Epsom, Surrey. The Royal Earlswood Institution for Mental Defectives, Redhill. Eagle House, London Road, Mitcham. The Hermitage, Fairwarp, Uckfield.	L.C.C. Mental Hospitals Committee - Clerk:—H. F. Keene, O.B.E., Mental Hospitals Dept., The County Hall, Westminster Bridge, S.E.1. Board of Management - Do. do. do. do. The Committee: E. Sussex County Council	T. W. Weeding, County Hall, Kingston - on - Thames. Do. do. Do. do. H. J. T. McIlveen, County Hall, Lewes. Do. do.	20 feeble-minded females from 16 to 20 years of age, and of the Roman Catholic religion. Poor Law cases received. 589 male and 414 female mental defectives. All classes within the meaning of the Act. Reserved for London cases only. About 600 patients of both sexes.
Sussex, East -	"Dungates," Horeham Road.	Brighton Guardianship Society, 82, Grand Parade, Brighton.	Do. do.	50 high grade imbecile and feeble-minded females over 16. 17 females, feeble-minded and imbeciles. 7 feeble minded males.

Sussex, West	The Home of the Holy Rood, Worthing.	See under County of Hampshire—St. Mary's Home, Alton.	
Warwick	Midland Counties Institution, Knowle, near Birmingham.	General and Managing Committee	150 male patients.
(Birmingham C.B.)	The Agatha Stacey Home, Rednal, near Birmingham.	The Committee of the Agatha Stacey Home (No. 1). Financial Sec.:—Miss C. P. Fleetwood, Depôt, 158, Broad Street, Birmingham. The Committee of the Agatha Stacey Home (No. 2). Financial Sec.:—Miss C. P. Fleetwood.	40 high-grade female feeble-minded patients over 15 years of age.
Worcester	The Agatha Stacey Home, Enniskerry, Knowle, Warwick. Besford Court Home, near Defford.*†	Committee of Management	24 high-grade female feeble-minded patients over 15 years of age.
Yorks, W.R.	Rawcliffe Hall, near Goole.	J. L. Wood, Guildhall, Worcester.	37 male defectives; 12 cases of an age and of a degree of mental defect such as would permit of their being housed and instructed with the children for which the school is primarily intended; and 25 additional defectives over 16 years.
(Leeds C.B.)	Farfield Girls' Training Home, Theaker Lane, Armley.	W. H. Coles, Burton Street, Wakefield.	<i>Certified by Board of Education and by the Home Office for 119 boys.</i> 130 female defectives. All classes within the meaning of the Act—10 years of age and upwards.
Do.	Meanwood Park Colony, Meanwood, Leeds.	F. Richards, Town Hall, Leeds.	47 female defectives. Imbeciles and feeble-minded (high-grade mentally defective young women who are trainable).
		Do. do.	45 male and 60 female defectives. Idiots, imbeciles and feeble-minded. 35 male cases to be not more than 14 years of age and 10 to be cases over 15 years of age and of the employable class.

* Certified as a Special School by Board of Education.

† Certified as a Special Industrial School by Home Secretary.

CERTIFIED INSTITUTIONS—continued.

COUNTY or COUNTY BOROUGH within which the Institution is situate. C.B. = County Borough.	Name and Address of Institution.	Names of Managers or Owners.	Clerk to Visitors.	Number and Class of Patients.
Yorks, W.R.	Mid-Yorks Certified Institution, Whixley, Yorks.	Mid - Yorkshire Joint Board for the Mentally Defective. Clerk :—Sir Robert Fox, Town Clerk's Office, 11, Park Square, Leeds.	W. H. Coles, Burton Street, Wakefield.	184 male defectives. All classes within the meaning of the Act.
(Sheffield C.B.)	Hollow Meadows, Malin Bridge, Sheffield.	Sheffield City Council	Do.	58 imbecile and feeble-minded males.
(Bradford C.B.)	Ashfield, 269, Thornton Road, Thornton, near Bradford.	The County Borough Council of Bradford - Clerk :—F. Stevens, Town Hall, Bradford.	T. Gill, Bradford	48 male defectives. All classes within the meaning of the Act.
	Westwood, Clayton Heights, Clayton, near Bradford.	Do.	W. H. Coles, Burton Street, Wakefield.	47 females. All classes within the meaning of the Act.
Yorks, E.R.	Wales Court, Wales, Kiveton, Sheffield. Tilworth Grange, Sutton, Hull.	Sheffield Mental Deficiency Committee - Kingston-on-Hull County Borough Council	Do.	45 females. All classes within the meaning of the Act.
			Jno. Bickersteth, County Hall, Beverley.	50 female defectives. All classes within the meaning of the Act.

INSTITUTIONS APPROVED UNDER SECTION 37.

COUNTY or COUNTY BOROUGH within which the Institution is situate. O.B.=County Borough.	Address of the Institution.	Names of Managers or Owners.	Clerk to Visitors.	Number and Class of Patients.
Anglesey - -	Valley, Anglesey - -	The Guardians : Holyhead Union - -	Walter Jones, Clerk of the Peace, Llangefni.	10 adult female defectives.
Bedford - -	Kimbolton Road, Bedford.	Do. Bedford Union - -	Mark Whyley, Clerk, of the Peace, Bedford.	12 adult female defectives.
	Dunstable Road, Luton -	Do. Luton Union - -	W. W. Marks, Shire Hall, Bedford.	6 male and 6 female adult defectives ; feeble-minded and moral imbeciles.
	Leighton Buzzard - -	Do. Leighton Buzzard Union	Do. Do.	6 female adult feeble-minded and moral imbeciles.
Berks - -	Abingdon, Berks - -	Do. Abingdon Union - -	C. A. Pryce, Abingdon	6 male and 6 female defectives.
	Bradfield, near Reading	Do. Bradfield Union - -	H. J. C. Neobard, Shire Hall, Reading.	8 female adult defectives. Feeble-minded cases.
Brecknock - -	Brecon, South Wales -	Do. Brecknock Union - -	H. F. W. Harries, County Hall, Brecon.	6 adult female defectives.
Bucks - -	100, Bierton Hill, Aylesbury.	Do. Aylesbury Union - -	W. J. Taylor, Aylesbury.	6 male and 12 female adult defectives.
	19, Stratford Road, Buckingham.	Do. Buckingham Union	I. R. Hearne, Buckingham.	10 male and 10 female adult defectives.
	Winslow - -	Do. Winslow Union - -	W. N. Midgley, High Street, Winslow.	7 males and 33 females. Imbeciles and feeble-minded.
Cambridge - -	81A, Mill Road, Cambridge.	Do. Cambridge Union - -	G. S. Todd, Guildhall Chambers, Cambridge.	4 male and 10 female adult defectives. Suitable for treatment in a common ward.
	The Red House, Linton -	Do. Linton Union - -	A. Tabrum, Clerk of the Peace, Cambridge.	4 male and 4 female adult feeble-minded and moral imbeciles.
Isle of Ely - -	Chesterton - -	Do. Chesterton Union - -	Do. do.	2 male and 4 female adult defectives.
	Cambridge Road, Ely -	Do. Ely Union - -	C. E. F. Copeman, County Hall, March.	6 adult defectives, not more than 1 male and not more than 6 females.
	Lynn Road, Wisbech -	Do. Wisbech Union - -	Do. do.	5 female adult defectives.

INSTITUTIONS APPROVED UNDER SECTION 37—*continued.*

COUNTY or COUNTY BOROUGH within which the Institution is situate. C.B.=County Borough.	Address of the Institution.	Names of Managers or Owners.	Clerk to Visitors.	Number and Class of Patients.
Carnarvon -	Bodvan, Carnarvon	The Guardians: Carnarvon Union	A. Bodvel-Roberts, Carnarvon.	15 males and 15 females under the age of 16 years.
Cheshire - (Birkenhead C.B.)	Birkenhead Union Sanatorium, Tranmere, Birkenhead. 57, Hoole Lane, Chester	Do. Birkenhead Union	J. Woodend, Justices' Clerk's Office, Birkenhead.	24 adult defectives.
	Tarvin House, Boughton Heath, Chester.	Do. Chester Union	R. Potts, Northgate Street, Chester.	40 female defectives; 25/30 being under 16 years and 10/15 adults.
Cornwall -	Bodmin -	Do. Tarvin Union	Do. do.	15 male and 40 female adult defectives.
	Falmouth -	Do. Bodmin Union	W. L. Platts, Clerk of the Peace, Truro.	5 male and 20 female adult defectives.
		Do. Falmouth Union	Do. do.	34 male and 10 female defectives; (10 adult males, 10 adult females, and 24 male juvenile defectives.)
Denbigh -	St. Columb Major -	Do. St. Columb Major Union	Do. do.	10 male and 10 female adult defectives.
Derby -	Ruthin -	Do. Ruthin Union	W. R. Evans, Ruthin	12 male and 12 female adult defectives.
(Derby C.B.)	Chesterfield -	Do. Chesterfield Union	W. B. Bunting, Chapel-en-le-Frith.	4 adult females.
	Uttoxeter Road, Derby -	Do. Derby Union	W. R. H. Whiston, Derby.	26 adult female defectives.
	Shire Hill View, Glossop	Do. Glossop Union	W. B. Bunting, Chapel-en-le-Frith.	9 female adults; imbecile and feeble-minded defectives.
Devon -	19, Alexandra Road, Barnstaple.	Do. Barnstaple Union	J. H. L. Brewer, Barnstaple.	12 male and 6 female adult defectives.
(Plymouth C.B.)	Crediton -	Do. Crediton Union	F. A. Pearce, Exeter	12 adult females.
(Exeter C.B.)	Ford House, Wolsley Road, Devonport.	Do. Devonport Union	J. Bone, Plymouth.	50 adults of each sex.
	Heavitree Road, Exeter	Do. Exeter Union	J. I. Pengelly, The Court House, Exeter.	12 adults of each sex.
	Honiton -	Do. Honiton Union	F. A. Pearce, Exeter	6 female adults.

(Do.)	St. Thomas, Exeter	-	Do.	St. Thomas' Union	-	J. I. Peugelly, The Court House, Exeter.	6 male and 12 female adult defectives.
	1, North Road, South Molton.	-	Do	South Molton Union	-	R. L. Riccard, South Molton.	15 male and 24 female adult defectives.
Dorset	St. Andrew's Road, Bridport.	-	Do.	Bridport Union	-	J. L. Torr, Dorchester.	6 female adults.
Durham	Feetham Infirmary, Yarm Road, Darlington.	-	Do.	Darlington Union	-	G. H. Watson, Darlington.	4 of each sex. Idiots, imbeciles, and feeble-minded.
(Gateshead C.B.)	Gateshead	-	Do.	Gateshead Union	-	Do. do.	20 adults of each sex.
(Sunderland C.B.)	"Highfield," Hylton Road, Sunderland.	-	Do.	Sunderland Union	-	C. W. P. Barker, Sunderland.	6 adults of each sex.
Essex	Saffron Walden	-	Do.	Saffron Walden Union	-	C. S. D. Wade, Clerk of the Peace, Saffron Walden.	6 male and 12 female adults.
	Tendring, Weeley, R.S.O.	-	Do.	Tendring Union	-	H. F. Bawtree, Witham.	23 male and 23 female adults.
	Stanway, Colchester	-	Do.	Lexden and Winstree Union.	-	Do. do.	20 female adult defectives.
(West Ham C.B.)	The Forest Gate Sick Home,* Forest Lane, West Ham.	-	Do.	West Ham Union	-	J. H. Jackson, Police Court, West Ham, E.15.	10 male and 30 female adult defectives and 10 male and 15 female defectives under the age of 16 years
Flint	St. Asaph	-	Do.	St. Asaph Union	-	H. A. Tilby, County Offices, Mold.	<i>Certified by Board of Education for 15 cases.</i> 12 adult defectives of each sex.
Glamorgan	Cowbridge Road, Ely, near Cardiff.	-	Do.	Cardiff Union	-	E. J. Hayward, Law Courts, Cardiff.	30 adult defectives of each sex.
(Cardiff C.B.)	Penmaen, Swansea	-	Do.	Gower Union	-	J. W. Thorpe, Magistrates' Clerk, Swansea.	12 adult females, all classes.
Gloucester	Stapleton, Bristol	-	Do.	Bristol Union	-	A. J. Esbester, Petty Sessional Court House, Bristol.	50 male and 70 female defectives; of whom not more than 10 male and 10 female shall be low-grade juvenile defectives.
(Do.)	South Mead Infirmary, Bristol.	-	Do.	do.	-	Samuel Young, Petty Sessional Court House, Bristol.	50 of each sex. 4 females over 16 years to assist in the work of the Institution.

* Certified as a Special School by Board of Education.

INSTITUTIONS APPROVED UNDER SECTION 37—*continued.*

COUNTY or COUNTY BOROUGH within which the Institution is situate. C.B.=County Borough.	Address of the Institution.	Names of Managers or Owners.	Clerk to Visitors.	Number and Class of Patients.
Gloucester— <i>cont.</i>	Cirencester - - -	The Guardians : Cirencester Union -	R. W. Ellett, Cirencester.	26 male and 32 female defectives.
	Northleach - - -	Do. Northleach Union -	Do. do.	10 adults of each sex.
	Stow-on-the-Wold -	Do. Stow-on-the-Wold Union	E. T. Gardom, O.B.E., Shire Hall, Gloucester.	5 male and 10 female adult defectives.
	Thornbury - - -	Do. Thornbury Union -	Do. do.	3 adults of each sex. Feeble-minded and moral imbeciles.
	Gloucester Road, Winchcomb.	Do. Winchcomb Union -	J. H. Stevens, Northleach.	14 feeble-minded adults of each sex.
Hereford - - -	Ross - - -	Do. Ross Union -	J. R. Symonds, Hereford.	15 adult defectives of each sex.
Herts - - -	Bishop Stortford -	Do. Bishop Stortford Union -	Sir Chas E. Longmore, K.C.B., Hertford.	30 female adult defectives.
	60, Vicarage Road, Watford.	Do. Watford Union -	Do. do.	15 female adult defectives.
Huntingdon -	Huntingdon - - -	Do. Huntingdon Union	J. P. Maule, Huntingdon.	6 adult defectives of each sex. Feeble-minded and moral imbeciles.
Isle of Wight -	Parkhurst, Newport, Isle of Wight.	Do. Isle of Wight Union	H. Barber, The Castle, Winchester.	20 males and 20 females. Idiot, imbecile, or feeble-minded defectives between the ages of 16 and 60 years.
Kent - - - (Canterbury C.B.)	Canterbury - - -	Do. Parish of Canterbury	T. A. Bowen, Clerk to Justices, Canterbury.	2 male and 8 female adult defectives.
	Dover - - -	Do. Dover Union -	T. B. Harby, Clerk to Justices, Dover.	6 female adult defectives.
	Hartley, Cranbrook -	Do. Cranbrook Union -	Charles E. Warner, Tonbridge.	10 male and 20 female adults.
	King's Hill, West Malling	Do. Malling Union -	Do. do.	12 female adult defectives. Imbeciles, moral imbeciles, and feeble-minded.

Lancashire	-	Eastry, Kent Sundridge, Sevenoaks Tenterden	- - -	The Guardians : Do. Do.	Eastry Union Sevenoaks Union Tenterden Union	- - -	Do. Do. A. H. Latter, Tenterden.	20 male and 24 female adult defectives. 10 male and 20 female adults. 55 female defectives, 35 under 21 years of age.
		Pembury, Tunbridge Wells.	-	Do.	Tonbridge Union	-	Chas. E. Warner, Tonbridge.	25 males. Defectives of trainable habits between the ages of 7 and 16 years.
		The Gill, Ulverston	-	Do.	Ulverston Union	-	J. T. Sanderson, 67, Church Street, Lancaster.	50 adult females.
		Seafeld House, Seaforth, near Liverpool.	-	Do.	West Derby Union	-	G. W. Swift, 74, Hanover Street, Liverpool.	80 males and 189 females.
Leicester	-	Billesdon, nr. Leicester	-	Do	Billesdon Union	-	W. J. Freer, 10, New Street, Leicester.	8 male and 14 female adult defectives.
		North Evington, Leicester Loughborough	- -	Do Do.	Leicester Parish Loughborough Union	- -	Do. Do.	10 male and 10 female adult defectives. 16 female adult defectives.
Lincoln (Lindsey)		The Home, Caistor	-	Do.	Caistor Union	-	E. W. Scorer, Lincoln.	6 female adult defectives.
Do.	-	181, Lea Road, Gainsborough.	-	Do.	Gainsborough Union	-	Do.	12 male and 12 female adult defectives.
(Kesteven)	-	Dysart Road, Grantham	-	Do.	Grantham Union	-	R. F. M. White, Grantham.	2 male and 15 female adult defectives.
(Lindsey)	-	Horncastle	-	Do.	Horncastle Union	-	E. W. Scorer, Lincoln.	12 male and 6 female adult defectives.
(Lincoln C.B.)	-	Lincoln	-	Do.	Lincoln Union	-	W. M. Phillips, Clerk to the Justices, Lincoln.	10 adult defectives of each sex. Idiots, imbeciles, and feeble-minded.
(Kesteven)	-	East Road, Sleaford	-	Do.	Sleaford Union	-	A. D. Piper, Sleaford.	1 male and 9 female adult defectives.
(Lindsey)	-	The Gables, Hundleby, Lincs.	-	Do.	Spilsby Union	-	E. W. Scorer, Lincoln.	18 adult defectives of each sex.
(Kesteven)	-	Stamford	-	Do.	Stamford Union	-	R. M. English, Stamford.	6 adult female defectives. Feeble-minded cases.
(Do.)	-	Bourne	-	Do.	Bourne Union	-	A. D. Piper, Sleaford.	4 adults of each sex.

INSTITUTIONS APPROVED UNDER SECTION 37.—*continued.*

COUNTY or COUNTY BOROUGH within which the Institution is situate. C.B.=County Borough.	Address of the Institution.	Names of Managers or Owners.	Clerk to Visitors.	Number and Class of Patients.
London	28, Marloes Road, W. S -	The Guardians : Parish of St. Mary Abbotts	John Dix, Sessions House, Newington, S.E.1.	60 females. Women and girls of the type constantly "in and out," and those who have illegitimate children dependent on them, provided they are suitable for the accommodation available, without special limit of age. Juvenile trainable cases.
	The Metropolitan Asylums Board Certified Institution.	The Metropolitan Asylums Board, Embankment, London, E.C.4.	<i>Darent</i> : Chas. E. Warner, Tonbridge.	Unimprovable children and adults.
		<i>Leavesden</i> : Sir Chas. E. Longmore, K.C.B., Hertford.		Unimprovable adults.
		<i>Caterham</i> : T. W. Weeding, County Hall, Kingston-on-Thames.		Idiot children.
		<i>Fountain</i> : Jno. Dix, Sessions House, Newington, S.E.1.		25 male and 45 female adult defectives.
Merioneth	Plumstead, S.E.18.	The Guardians : Woolwich Union	Do. do.	23 male and 27 female adult defectives.
Middlesex	Minffordd. Penrhyn-deu-draeth, Merioneth.	Do.	H. J. Owen, Clerk of the Peace, Dolly.	Enfield House—40 males, feeble-minded boys and adult males.
	Enfield House, 19, Chase Side Crescent, Enfield, <i>with ancillary premises.</i>	Do.	E. S. W. Hart, Guildhall, Westminster, S.W.1.	Fortescue Villas—32 female defectives under the age of 16 years—idiots, imbeciles, and a limited number of feeble-minded cases.
	Fortescue Villas, Gentleman's Row, Enfield.			12 male and 12 female adult defectives.
	Hillingdon, Uxbridge	Do. Uxbridge Union	Do. do.	

Monmouth -	Cordygric Institution, Griffithstown.	Do.	Pontypool Union -	T. L. Hughes, Clerk of the Peace, New- port (Mon.).	5 male and 25 female adult defectives.
Montgomery -	Forden - - -	Do.	Forden Union -	G. R. D. Harrison, Welshpool.	12 male and 16 female adult defectives.
Norfolk -	Pulham Market, near Harleston.	Do.	Depwade Union -	W. E. Hansell, The Close, Norwich.	12 female adult defectives.
(Norwich C.B.)	Exton's Road, King's Lynn.	Do.	King's Lynn Union -	J. W. Woolstencroft, Town Hall, King's Lynn.	6 male and 6 female adult defectives.
	Heckingham - - -	Do.	Loddon and Clavering Union.	W. E. Hansell, The Close, Norwich.	6 male and 18 female adult defectives.
	Bowthorpe Lodge, Nor- wich.	Do.	Norwich Union - - -	W. R. Cooper, Town Close, Norwich.	6 adult male and 20 female defectives.
	Great Snoring, Fakenham	Do.	Walsingham Union -	W. E. Hansell, The Close, Norwich.	8 male and 16 female adults.
	The New Infirmary, Attleborough, Norfolk.	Do.	Wayland Union -	Do. do.	12 adult defectives.
	Great Yarmouth - - -	Do.	Great Yarmouth - - -	G. B. D. Preston, Gt. Yarmouth.	6 adults of each sex—feeble-minded and moral imbeciles.
	Kettering - - -	Do.	Kettering Union - - -	H. W. K. Markham, Northampton.	16 male and 16 female adult defectives.
	Northampton - - -	Do.	Northampton Union -	G. R. Bishop, North- ampton.	3 male and 6 female adult defectives.
Northumberland -	Thorpe Road, Peter- borough.	Do.	Peterborough Union -	W. J. Deacon, Clerk of the Peace, Peter- borough.	12 male and 12 female adult defectives.
	Union Lane, Welling- borough.	Do.	Wellingborough Union -	H. W. K. Markham, Northampton.	10 male and 10 female adult defectives.
	Prudhoe Hall Colony and Burn House, Prudhoe- on-Tyne, Northumber- land.*	The Northern Counties Joint Poor Law Committee, Poor Law Offices, South Shields.		H. D. Irwin, 3, Royal Arcade, Newcastle- on-Tyne.	Prudhoe Hall Buildings: 162 males and 252 females; Burn House: 16 females. <i>Certified by Board of Education for 40 boys and girls.</i>

* Certified as a Special School by Board of Education.

INSTITUTIONS APPROVED UNDER SECTION 37—continued.

COUNTY or COUNTY BOROUGH within which the Institution is situate. O.B.=County Borough.	Address of the Institution.	Names of Managers or Owners.	Clerk to Visitors.	Number and Class of Patients.
Northumberland— <i>cont.</i>	<i>With ancillary premises:—</i> Howbeck Schools, Throston, W. Hartlepool. <i>and</i> The Poor Law Institution, Bishop Auckland. Rothbury Poor Law Institution.	- - - - - - - - - - The Guardians: Rothbury Union - - - - -	G. H. Watson, Darlington. Do. do. H. D. Irwin, 3, Royal Arcade, Newcastle-on-Tyne. K. T. Meaby, Shire Hall, Nottingham.	100 males and 120 females. 82 adult females. 28 adult female defectives.
Notts - - -	1, Leverton Road, East Retford.	Do. East Retford Union	Do. do.	4 male and 8 female adult defectives.
	Mansfield - - -	Do. Mansfield Union - - -	Do. do.	6 male and 12 female adult defectives. Feeble-minded cases.
Oxford - - -	Upton, Southwell - - - 26, London Road, Chipping Norton.	Do. Southwell Union - - - Do. Chipping Norton Union - - -	Do. do. J. Rose, County Hall, Oxford.	3 male and 12 female adult defectives. 10 male and 20 female adult defectives, imbeciles and feeble-minded.
Rutland - - -	Oakham - - -	Do. Oakham Union - - -	B. A. Adam, Clerk of the Peace, Oakham.	6 adult female defectives.
Shropshire - - -	Church Stretton - - -	Do. Church Stretton Union - - -	W. Baxter, County Buildings, Shrewsbury.	20 female adult defectives.
	The Beeches, Iron Bridge, Salop.	Do. Madeley Union - - -	C. J. Sargeant, Much Wenlock.	10 male and 15 female adult defectives.
	Whitchurch, Salop	Do. Whitchurch Union - - -	Wm. Baxter, County Buildings, Shrewsbury.	10 adult female defectives.

Somerset	-	Frome Road House Institution, Odd Down, Bath.	Do.	Bath Union	-	E. N. Fuller, LL.B., Guildhall, Bath.	6 male adult defectives.
Do.	-	Flax Bourton, near Bristol.	Do.	Long Ashton Union	-	C. E. Newman, 14, Boulevard, Westonsuper-Mare. Do.	32 male and 34 female adult defectives.
Southampton	-	Shepton Mallet	Do.	Shepton Mallet Union	-	Do.	3 male and 30 female adult defectives.
	-	Basingstoke	Do.	Basingstoke Union	-	F. V. Barber, The Castle, Winchester. Do.	12 females. Feeble-minded over 16.
	-	Fareham	Do.	Fareham Union	-	Do.	20 male and 6 female adults.
	-	Fordingbridge	Do.	Fordingbridge Union	-	Do.	12 male and 12 female adult defectives.
(Portsmouth C.B.)	-	St. Mary's Road, Portsmouth.	Do.	Portsmouth Union	-	H. W. Fisk, Clerk to Justices, Portsmouth.	25 adults of each sex.
Stafford (Burton-on-Trent C.B.)	-	145, Belvedere Road, Burton-on-Trent.	Do.	Burton-on-Trent Union	-	H. W. Godger, Stapenhill, Burton-on-Trent.	5 male and 15 female adult defectives.
	-	Trent Valley Road, Lichfield.	Do.	Lichfield Union	-	A. H. Barnes, Lichfield.	4 male and 8 female adult defectives.
	-	Great Barr Park, Great Barr, near Birmingham.	The Walsall and West Bromwich Unions Joint Committee.			Eustace Joy, M.A., County Buildings, Stafford.	40 male and 52 female adult defectives; 68 of each sex under the age of 16 years.
	-	Marston Road, Stafford	The Guardians: Stafford Union	-		Do.	6 adult female defectives. Feeble-minded cases.
(Stoke-on-Trent C.B.)	-	London Road, Stoke-on-Trent.	Do.	Stoke-on-Trent Union	-	R. A. Llewellyn, Church Street, Stoke-on-Trent.	10 male and 10 female adult defectives.
	-	Wigginton Road, Wigginton, Tamworth.	Do.	Tamworth Union	-	Eustace Joy, M.A., County Buildings, Stafford.	4 male and 12 female adult defectives.
(Walsall C.B.)	-	Pleck Road, Walsall	Do.	Walsall Union	-	S. E. Loxton, Walsall.	12 female adult defectives.
(West Bromwich C.B.)	-	Hallam House, Hallam Street, West Bromwich.	Do.	West Bromwich Union	-	W. J. Phair, West Bromwich.	15 male and 20 female adult defectives.
(Wolverhampton C.B.)	-	Heath Town, Wolverhampton.	Do.	Wolverhampton Union	-	A. W. Jones, Town Hall, Wolverhampton.	17 male and 14 female adult defectives.

INSTITUTIONS APPROVED UNDER SECTION 37—*continued.*

COUNTY or COUNTY BOROUGH within which the Institution is situate. C.B. = County Borough.	Address of the Institution.	Names of Managers or Owners.	Clerk to Visitors.	Number and Class of Patients.
Suffolk - -	Bury St. Edmunds -	The Guardians : Bury St. Edmunds Union	J. W. Greene, Clerk to Justices, Bury St. Edmunds.	10 male and 10 female adult defectives.
(Ipswich C.B.)	Woodbridge Road, Ipswich.	Do. Ipswich Union -	A. J. Day, 9, Tower Street, Ipswich.	15 male and 15 female adult defectives.
Surrey - -	2, Horsham Road, Dorking.	Do. Dorking Union -	T. W. Weeding, County Hall, Kingston-on-Thames.	3 male and 12 female adult defectives.
	Bletchingley - -	Do. Godstone Union -	Do. do.	54 male and 6 female adults. Imbeciles and feeble-minded.
	St. John's, Redhill -	Do. Reigate Union -	Do. do.	6 male and 9 female adults. (In County cases only.)
Sussex (East) -	West Hylands, Cuckfield	Do. Cuckfield Union -	H. J. T. McIlveen, County Hall, Lewes.	10 male and 20 female adult defectives.
	Chailey - - -	Do. Lewes Union -	Do. do.	10 male and 9 female adult defectives.
	123, Church Street, Eastbourne.	Do. Eastbourne Union -	Do. do.	5 females over 16 years of age.
(Hastings C.B.)	Frederick Road, Hastings	Do. Hastings Union -	F. G. Langham, 44a, Robertson Street, Hastings.	12 adult defectives of each sex.
	Rye Hill, Rye - -	Do. Rye Union -	H. J. T. McIlveen, County Hall, Lewes.	6 female adult defectives. Idiots, imbeciles and feeble-minded.
	Roffey, near Horsham -	Do. Horsham Union -	S. Thornely, County Hall, Chichester.	5 male and 10 female adult defectives.
Sussex (West) -	Easebourne, near Midhurst.	Do. Midhurst Union -	Do. do.	5 male and 15 female adult defectives.
	Kingston-by-Sea - -	Do. Steyning Union -	Do. do.	5 male and 5 female adult defectives.
	East Preston, near Littlehampton.	Do. East Preston Union -	Do. do.	4 male and 6 female adult defectives.

Warwick (Coventry C.B.)	London Road Institution, Coventry.	Do.	Coventry Union	-	S. R. Field, Leam- ington.	8 male and 12 female adult defectives.
Westmorland	Warwick	Do.	Warwick Union	-	J. Tibbits, Warwick	4 male and 12 female adult defectives.
	Milnthorpe, Westmor- land.	Do.	Kendal Union	-	H. B. Greenwood, Clerk of the Peace, Kendal.	23 adult males, 25 adult females, and 24 female children.
Wilts	St. James, Devizes	Do.	Devizes Union	-	G. W. Jackson, Devizes.	16 female defectives. Imbeciles between the ages of 20 and 50 years.
	1, Wilcot Road, Pewsey	Do.	Pewsey Union	-	W. L. Bown, Trow- bridge.	12 adults of each sex; feeble-minded and moral imbeciles.
	Semington, Trowbridge	Do.	Trowbridge and Melksham Union.	-	Do.	6 male and 30 female adult defectives.
Worcester (Birmingham C.B.)	The Birmingham Certi- fied Institution, King's Heath, Birmingham.*	Do.	Birmingham Union	-	C. E. Barker, Birm- ingham.	Trainable cases between 5 years and 40 years of age.
	[Monyhull Colony and Erdington House.]					Monyhull Colony--80 males and 80 females. <i>Certified by Board of Education for 200 children.</i> Erdington House--50 adults of each sex.
(Worcester C.B.)	Birmingham	Do.	Bromsgrove Union	-	C. H. Bird, Wor- cester.	4 male and 4 female adult defectives.
	Bromsgrove.	Do.	Dudley Union	-	Do.	50 male and 60 female adult defectives.
	Dudley	Do.	Evesham Union	-	Do.	4 male and 4 female defectives.
	Evesham	Do.	Kidderminster Union	-	Do.	10 female adult defectives.
(Worcester C.B.)	Wordsley, Stourbridge	Do.	Stourbridge Union	-	E. Joy, M.A., County Buildings, Stafford.	150 male, 130 female adult defectives, and 68 children.
	Tatlow Hill, Worcester	Do.	Worcester Union	-	J. L. Wood, Guild- hall, Worcester.	30 male and 20 female adult defectives.
	Beverley	Do.	Beverley Union	-	Jno. Bickersteth, County Hall, Beverley.	6 adults of each sex.
Yorkshire : East Riding.	Driffield	Do.	Driffield Union	-	Do.	24 male and 18 female adult defectives.

* Certified as a Special School by Board of Education.

INSTITUTIONS APPROVED UNDER SECTION 37—continued.

COUNTY or COUNTY BOROUGH within which the Institution is situate. C.B.=County Borough.	Address of the Institution.	Names of Managers or Owners.	Clerk to Visitors.	Number and Class of Patients.
Yorkshire : East Riding—cont. (Kingston-upon-Hull C.B.)	Anlaby Road, Kingston-upon-Hull.	The Guardians : Kingston-upon-Hull corporation.	G. L. Shackles, The Law Courts, Hull.	6 male and 6 female adult defectives.
Do. (York C.B.)	Beverley Road, Hull - 75, Huntington Road, York.	Do. Sculcoates Union - Do. York Union -	Do. do. H. Venn Scott, Clif- ford Street, York.	6 male and 6 female adult defectives. 10 male and 20 female adult defectives. Idiot, imbecile and feeble-minded. 16 female adult defectives.
Yorkshire : North Riding.	Aysgarth - - - Middlesbrough, Linthorpe	Do. Aysgarth Union - Do. Middlesbrough Union -	A. Procter, 5, New Street, York. T. Belk, Municipal Buildings, Middles- brough.	10 male and 15 female defectives. Feeble-minded and moral imbeciles between the ages of 16 and 45 years. 6 male and 6 female defectives.
Yorkshire : West Riding (Barns- ley C.B.) (Bradford C.B.)	Northallerton - - Scarborough - - Gawber Road, Barnsley -	Do. Northallerton Union - Do. Scarborough Union - Do. Barnsley Union -	A. Procter, 5, New Street, York. C. W. Goodall, Scar- borough. W. H. Coles, Burton Street, Wakefield.	20 male and 20 female adults. 10 adults of each sex.
Do.	The Bowling Park In- stitution, Bradford. <i>with ancillary premises:</i> Odsal Sanatorium, Rooley Lane, Bradford. The Daisy Hill Institu- tion, Bradford.	Do. Bradford Union - Do. do. do. - Do. do. do. -	T. Gill, Bradford - Do. do. Do. do.	10 female adult defectives. 10 female adult defectives. 10 male adult defectives.
(Sheffield C.B.)	The Edge, Sheffield -	Do. Ecclesall Bierlow Union -	F. B. Dingle, Shef- field.	10 male and 15 female adult defectives.
(Halifax C.B.)	Gibbet Street, Halifax -	Do. Halifax Union -	W. H. Coles, Wake- field.	12 male and 12 female adult feeble- minded and moral imbeciles.

(Sheffield C.B.)	Deanhouse Institution, Thongsbridge, near Huddersfield, Oakworth Road, Keighley	Do.	Huddersfield Union	-	Do.	do.	10 male and 25 female adult defectives.
	Giggleswick - - -	Do.	Keighley Union	-	Do.	do.	40 males—imbeciles and moral imbeciles between the ages of 7 and 16 years.
		Do.	Settle Union	-	Do.	do.	30 male and 19 female defectives. 15 of each sex from 7 to 25 years of age to be accommodated in the Isolation Hospital, and 15 male and 4 female adults in the Main Building.
	Firvale, Sheffield - -	Do.	Sheffield Union	-	F. B. Dingle, Shef- field.		25 adult females.
	Tadcaster - - -	Do.	Tadcaster Union	-	W. H. Coles, Wake- field.		30 adult females—feeble-minded and moral imbeciles.

CERTIFIED HOUSES.

COUNTY.	Name and Address of House.	Names of Managers or Owners.	Clerk to Visitors.	Number and Class of Patients.
Dorset	The Rectory, Hinton Martel, Wimborne.	Rev. A. H. Baverstock	E. A. Ffooks, County Offices, Dorchester.	8 male patients (imbeciles and feeble-minded) : harmless cases over the age of 14 years, younger cases to be received only with the consent of the Board.
Herts	Rowley Lodge, Rowley Green, Barnet.	Miss Elsie M. Wall and Miss Rose L. Binney.	Sir Charles E. Longmore, K.C.B., Hertford.	13 defectives of either sex. All classes within the meaning of the Act, being children under 16 years of age, except with the consent of the Board of Control, and provided each child is in all respects suitable to be in a house where the sexes are associated.
Lancashire	Cavendish House, Woodvale, Ainsdale, near Southport.	Miss L. J. Allen	G. W. Swift, 74, Hanover Street, Liverpool.	42 imbecile and feeble-minded patients from 3 years of age ; not more than 10 males.
Middlesex	St. Margaret's, 9, Priory Road, Bedford Park, London, W.4. "Arniston," 44, The Grove, Isleworth.	Miss Rose H. D. Whiting	E. S. W. Hart, Guildhall, Westminster, S.W. 1. Do.	10 female defectives. Imbeciles and feeble-minded.
	The Gables, Upper Teddington Road, Hampton Wick, Kingston-on-Thames.	Miss Janet Mary Isbister and Miss Margaret Dora Isbister.	Do.	20 private patients—10 males, 10 females.
	Normansfield, Kingston Road, Teddington.	Miss F. M. Deck	Do.	18 defectives of either sex : idiots, imbeciles and feeble-minded.
		R. L. Langdon-Down, M.B., and P. L. Langdon-Down, M.B.	Do.	140 males and females, not more than 100 of either sex at any one time.

Sussex, East	-	Avonhurst, Inholmes Park Road, Burgess Hill, Sussex.	Miss Sarah Margaret Macdowall	-	H. J. T. McIlveen, County Hall, Lewes.	23 imbecile and feeble-minded boys and girls.
(Brighton C.B.)		Villa Maria, Kemp Town, Brighton.	Proprietors of St. George's Retreat	-	A. G. Walker, Clerk to Justices, Brighton.	12 female defectives. All classes within the meaning of the Act from 12 years of age and upwards.
		St. Joseph's Home, Burgess Hill.	Do.	-	H. J. T. McIlveen, County Hall, Lewes.	30 females of 12 years of age and upwards.
Yorkshire : West Riding.		The Grange, Altofts, Normanton.	Mrs. E. A. Howard	-	W. H. Coles, Wakefield.	15 imbecile and feeble-minded private patients of the female sex.

APPROVED HOMES.

COUNTY.	Name and Address of Home.	Names of Managers or Owners.	Number and Class of Patients.
Bucks	Lynwood, Woburn Sands, Bucks.	Mrs. A. M. Loveless	6 male defectives.
Cornwall	The Elizabeth Barclay Home of Industry, Bodmin.	The Committee of the Elizabeth Barclay Home of Industry, Bodmin.	26 female defectives.
Essex	Gay Bowers, West Hanningfield, Chelmsford.	Percy and Mrs. Gertrude Chennells	7 male defectives.
Gloucester (Bristol C.B.).	The Royal Fort Home, St. Michael's Hill, Bristol.	The Committee of the Bristol Preventive Mission	20 female defectives. Poor Law cases received.
	Southeast House School, Hatley Brake, Cheltenham.	Miss Agnes King-Turner	25 cases of either sex—each child in all respects suitable to be in a house where the sexes are associated.
	Upper Hollenden Farm, Princess Christian's Farm Colony, Hildenboro', Kent.	National Association for the Feeble-minded, 72, Denison House, 296, Vauxhall Bridge Road, Westminster, S.W. 1.	8 male defectives.
	Alexander House, 117, High Street, Uxbridge.	Do.	24 female defectives.
Middlesex	Brook House and White House Farm, Southgate, N. 14, also The Cottage, White House Farm.	H. Corner, M.D., and Mrs. Corner	37 defectives, of whom not more than 22 males and not more than 15 females shall be in Brook House, and not more than 10 males shall be in White House Farm. Only private patients received.
	Conifers, Kingston Road, Teddington.	R. L. Langdon-Down, M.B., and P. L. Langdon-Down, M.B., Normansfield, Hampton Wick.	3 male (children) and 20 female private patients.
	St. Christopher's, School, Amherst Rd., Ealing, W.	Miss Mary Catherine Beaufoy Foster	28 feeble-minded private patients—18 boys and 10 girls.
	Trematon, Broom Road, Teddington.	R. L. Langdon-Down, M.B., and P. L. Langdon-Down, M.B., Normansfield, Hampton Wick.	24 male private patients.

Norfolk	-	-	The Otleys, Seething, Norwich.	Miss S. A. Huntly	-	-	-	4 male and 26 female defectives—22 females at main building, remainder at the cottage. Each child to be suitable in all respects for a house where the sexes are associated.
Northumberland	-	-	The Home of Industry, Bow Villa, Morpeth.	Committee of six Ladies	-	-	-	16 female defectives. Poor Law cases received.
Somerset	-	-	Lyncombe Hall, Bath	Miss W. Stanley	-	-	-	10 mental defectives, of whom not more than 4 may be juvenile males suitable in all respects to be in a house where the sexes are associated.
Stafford	-	-	Norton House, Midsomer Norton.	Miss M. F. D'Aiton	-	-	-	10 female defectives.
Surrey	-	-	Bishton Cottage, Wolseley Bridge, Stafford.	Major J. A. O'Sullivan	-	-	-	6 male defectives.
Sussex (East) (Hastings C.B.)	-	-	Tilden Cottage, Hindhead	Miss A. Willsher	-	-	-	5 male defectives between the ages of 10 and 18 years.
	-	-	St. Paul's House, Upper Maze Hill, St. Leonards-on-Sea.	Mrs. Jennie Meiklejon	-	-	-	14 males and 22 females.
	-	-	The Brooklands, 23, Upper Maze Hill, St. Leonards-on-Sea.	Mrs. J. Meiklejon and Miss A. M. Meiklejon	-	-	-	22 female defectives.
Sussex (West)	-	-	Dunclutha, St. Helen's Park, Hastings.	Miss Mole and Miss Borne	-	-	-	22 male defectives.
Warwick	-	-	Rosemary's Nursery, The Causeway, Horsham.	Miss L. Arnold	-	-	-	6 children up to 15 years of age—suitable to be in a house where the sexes are associated.
	-	-	The Vineyard, Longbridge Lane, Birmingham.	Miss M. F. Bridie	-	-	-	39 children between 5 and 16 years of age. Each case to be suitable to reside in a house where the sexes are associated.
Yorkshire : Riding.	North	-	The Mount, Whitby	Mrs. A. E. Priestly	-	-	-	12 defective children of either sex (private patients).

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